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Appendix A

DEFINITIONS AND TERMS

Assembly Point – A pre-designated place for team assembly and check-in.

Crisis – an acute response to powerful stimulus or demand where psychological homeostasis (balance) is disrupted or one's usual coping mechanisms have failed. This can result in evidence of impairment or dysfunction.

Critical Incidents – powerful, traumatic experiences that initiate the crisis response. Any event that generates such intense emotional energy that it overwhelms an individual's ability to cope or causes impairment in work or personal activities.

Critical Incident Stress – a state of cognitive, physical, emotional, and behavioral arousal that accompanies the crisis reaction. The elevated state of arousal is caused by a critical incident. If not managed and resolved appropriately, either by oneself or with assistance, it may lead to several psychological disorders including acute stress disorder, post-traumatic stress disorder, panic attacks, depression, alcohol and drug abuse.

Critical Incident Stress Management (CISM) – a comprehensive, integrated, systematic, multi-tactic crisis intervention approach to manage critical incident stress after traumatic events. CISM is a coordinated program of tactics that are linked and blended together to alleviate the reactions to traumatic experiences.

Crisis Intervention – active, short term support designed to mitigate crisis response. NOT psychotherapy or a substitute for psychotherapy. Goals of crisis intervention are: stabilization, symptom reduction, return to adaptive function, or facilitation of access to a higher level of care.

Critical Incident Peer Support Groups (CIPS) - use the International Critical Incident Stress Foundation (ICISF) model for their formally established training and crisis intervention standard of care. CIPS personnel are trained to work with clinicians in the delivery of Crisis Management Briefings (CMB), Defusing's, Debriefings, one-on-one support and or variations of these crisis intervention techniques. All CIPS personnel are trained and certified by the ICISF in Group Crisis Intervention and Assisting Individuals in Crisis.

Resource Zone — A group of fire districts or fire departments that comprise a specific geographical area in a county that form a resource zone.

Mission Number — Assigned by the Department of Emergency Management to account for resources ordered and protect volunteer workers under State Law on behalf of the callout/mission.

Peer Supporters - members of a Critical Incident Peer Support Group (CIPS) and are a highly respected and trusted person from any of the different organizations or specific functions within the national fire program. A Peer Support Team member has volunteered to take the required International Critical Incident Stress Foundation (ICISF) training, has applied to the program, been screened and selected for their role. Peer supporters are trained to "listen and refer" and to provide crisis interventions services in coordination with a Mental Health Care Professional.

Staging Area — A location either pre-determined or designated as an assembly area for resources that are assigned on an immediate available status.

Team Leader — Team Leaders shall be designated by their home agency. The Leader shall assemble, respond, and supervise a team from their resource zone. Leaders are skilled, experienced and trained in: ♣ Assisting Individuals in Crisis Course ♣ Assisting Groups in Crisis Course ♣ Suicide Prevention, Intervention, and Postvention. Additional, specific and advanced courses are recommended for team leaders as a function of their position: • Advanced Assisting Individuals in Crisis • Advanced Group Crisis Intervention • TEAM: Team Evolution and Management • Strategic Response to Crisis. Local and national course offerings will be promoted with funding opportunities as they become available.

Unified Command — A command structure which provides for all agencies or individuals who have jurisdictional responsibility, either geographical or functional, to jointly manage an incident through a common set of objectives.

Zone Coordinator/Alternate — Designated officers responsible for coordinating peer support resources within designated geographical boundaries titled Zones.

AREAS OF SUPPORT

The Peer Support Team has been trained to offer the following support:

1. Individual support: provide one-on-one emotional support during and after times of personal or professional crisis to others who express a need for assistance. Peer supporters are available to:

    a) Offer support after family tragedies
    b) Provide assistance during and after personal or professional conflict
    c) Check on the status of the injured and sick and provide support where desired and needed
    d) Refer peers to appropriate resources, when necessary
    e) Assure confidentiality, within guidelines, to people who seek assistance

The County recognizes that the majority of peer support responses are at the individual-level rather than after a significant incident at work.

2. On-Scene Support – used only on significant incidents—a brief crisis intervention with those in distress and giving advice and counsel to Command regarding those people.

3. Demobilization - a group intervention used after a large-scale event (very rare and NOT for line of duty death) to provide information on critical incident stress. It is a transition from the event to routine. Demobilizations allow for normalization and assessment when personnel are released from scene. Performed by mental health professionals and off-duty peers. Can be followed later by a formal group work.

4. Crisis Management Briefing- large group intervention to disseminate information, provide rumor control, reduces sense of chaos and provides coping resources during a large-scale event (terrorism, disasters, and large-scale community violence).

5. Defusing - rapid, brief interventions immediately follow a disturbing event. This is an informal meeting with a small number of personnel immediately after the event. Used to provide facts, minimize rumors and literally reduce the emotional "sting" of the event. A defusing session led by two or three peer counselors ordinarily lasts less than one hour and prepares the worker to return home with a lighter emotional burden. If needed, a more intense formal group work can be organized.

6. Significant Injuries- Personnel that will have an extended leave due to an injury will have Peer Support Provided to them.

7. Formal Group Work - a formal group educational intervention designed to mitigate stress responses to a critical incident. This small group intervention initiates psychological closure. If it is found that a formal group work is warranted, the Wellness Coordinator will be contacted. Formal Group Work requires a Mental Health Professional (MHP) present.

    a) Formal Group Work is optimally conducted within 48-72 hours of the incident, and generally not beyond one-week. A 24-hour normalizing period following the incident is recommended. If large numbers of individuals are involved, Formal Group Work begins with those most involved with the incident. Ideal size is four to 20 people.

    b) A location should be selected for the Formal Group Work that is free of distractions and represents a neutral environment, i.e., school, church, or other meeting facility as opposed to a fire station.

    c) Other emergency personnel involved in the incident should be invited to the Formal Group Work and encouraged to attend. This includes, but is not limited to, fire, law enforcement, dispatch and EMS personnel.

    d) A time for the Formal Group Work should be selected that is most convenient for those responders anticipated to attend.

    e) In rare instances, a group intervention may not be appropriate for an individual. Company officers should be cognizant of this fact and notify the Team Leader or Agency Lead if they feel a member of their crew may fall into this category. If a member is excused, they will be contacted personally by the Agency Lead for subsequent follow-up.

8. Follow-up: Peer supporters will follow up with those they have assisted. Specific concerns or delayed/prolonged stress symptoms will be addressed.

Appendix B

Role of the Oversight Board

The Peer Support Oversight Board oversees the Plan and Program and constitutes a line of accountability from the Program to the Pierce County Fire and Police Chief's Associations. The Board includes members of the Peer Support Team and ensures that the Peer Support Program is being carried out in accordance with the goals and objectives established in this Plan.

The Oversight Board will be available at any time to consult and give feedback—specifically in the time of crisis. The Board should be comprised of the Chair, Vice Chair, Administrative Representative (Department of Emergency Management staff), Clinical Director (State Licensed/Certified Mental Healthcare Professional), Union and Guild Representatives, and Representative from each participating discipline on the County Team.

The Pierce County Peer Support Group— Agency Leads and or Team Leaders from each participating agency plus one Oversight Board Representative—will meet semi-annually to review deployment statistics, agency progress, follow-up items, and issues to pass to the Oversight Board.

The Oversight Board shall meet annually or as needed to review the policy, procedures (SOP), and evaluate the program. The Board shall provide policy and procedure recommendations to agency administrations.

Major duties of the Oversight Board include:

- To provide support and guidance to the Peer Support Program both countywide and to individual agencies when difficult situations arise.
- To develop and advise on policy.
- To act as a liaison between the Clinical Director to the participating agencies.
- To receive information on the progress of the program and manage the program on a routine basis.
- To have a wide variety of county representation.
- To ensure follow-up of all critical incidents and of appropriate post-incident activation.
- To develop resources to assist Peer Supporters when problem areas are identified.
- To work with Emergency Management to provide administrative support to the program, i.e.
    - keep Peer Supporters updated in PCWARN database,
    - keep the County Peer Supporter website updated,
    - assistance to attain adequate funding for the program,
    - maintain statistical data of reported contacts by Peer Supporters and Team activities.

Appendix B (cont.)

Oversight Board Representation

Permanent Position**	Primary	Alternate(s)	Jurisdiction/Agency
Program Coordinator/Chair**	Adam Jackson		Central Pierce Fire & Rescue
Union Representative (Fire)/Co-Chair**	Scott Booth		Gig Harbor Fire & Medic One
Guild Representative (Police)**	Mark Eakes	Andy Suver	Lakewood Police
Clinical Director**	Cheryl Hart, PsyD		Clinical Psychologist
Department Chaplaincy**	Russ Peters	Larry Dorothy	TFD/SPFR
Administrative Representative**	Natalie Stice		Pierce County Emergency Management
Treasurer**	Erin McMicheal		Washington National Guard
Tacoma-Pierce County Chaplaincy	Ben Harris		
Pierce County Fire Chiefs	Mike Harn		West Pierce Fire & Rescue
Pierce County Police Chiefs	Chris Gard		Orting Police
Pierce County Sheriff	Brian Petersen		PCSD
Tacoma Fire Department	Casey Novak		Tacoma Fire
Tacoma Police Department	Vacant		
Public Safety Answering Points (PSAP)	Cecelia Burnett	Jodi Maier	South Sound 911
Health & Medical	Verna Lilly	Stephanie Dunkel	Tacoma-Pierce County Health Department
Puyallup Tribe	William Loescher		Puyallup Tribal Police

Appendix C

Role of the Clinical Director

The Clinical Director is a state-licensed mental healthcare provider and manages all matters related to the psychological or clinical aspects of the program.

The functions of the Clinical Director are:

1. To supervise and advise on all of the clinical aspects of the program
2. To ensure quality of service
3. To train and assist in the selection of new team members
4. To assist in the development of policy and written operational protocols

APPENDIX D

ZONE COORDINATOR

The DEM Duty Officer will contact the Zone Coordinator, and Alternate(s) if needed, with the Point of Contact of the requesting agency for follow-up as needed.

The requesting agency should provide the following information:

- ☐ Nature of Request
- ☐ How many members; will it be a group and or individual session(s)
- ☐ Desired time of arrival
- ☐ Point of Contact
- ☐ Location of Incident Command Post and or Reporting Location
- ☐ Location of Briefing (if different) / Available facility and resources, if known
- ☐ Any additional special needs

The Zone Coordinator will follow-up with agency Point of Contact and determine:

- ❑ Their observations about issues people might be struggling with.
- ❑ What signs and symptoms you have been seeing or concerned with.
- ❑ Relevant themes, issues, rumors, etc.
- ❑ Biggest concerns.
- ❑ Establish time and location of meeting and address logistical concerns.

APPENDIX D (cont.)

CALLOUT PROCEDURES

1. The **Requesting Agency** will call the DEM Duty Officer and provide the above information
2. The **Duty Officer** will obtain a State Mission Number for the callout
3. The **Duty Officer** will call the (identified discipline and zone) **Zone Coordinator** and alternate(s) if needed.
    a. If the Duty Officer is unable to reach the Zone Coordinators, the Duty Officer will send a **PCWARN** to the Zone Coordinators and Team Leaders with requested location, date and time, and a brief context with instruction to call the Duty Officer.
4. The **Zone Coordinator** will follow-up with **Requesting Agency** and determine:
5. The **Duty Officer** will initiate the callout for Peer Support **Team Leaders** using Everbridge with the provided information, with instructions to call the **Duty Officer** for details.
6. Provide the first **Team Leader** who calls to accept the mission with the phone number for the **Zone Coordinator** to be briefed. The Zone Coordinator is responsible for providing the detailed message.
7. The **Team Leader** will recall the **Duty Officer** with the team composition for callout for the PCWARN message, i.e. PCWARN text body to include # of members, # chaplains, Clinicians? MRC?
8. The **Duty Officer** will then use **PCWARN to** callout team members, chaplains, and or clinicians as determined needed by the Zone Coordinators/Team Leaders with instructions to call the **Team Leader** with confirmation of response
9. The **Team Leader** will confirm with the **Duty Officer** numbers of members deploying, and upon completion recall the Duty Officer to closeout the Mission Number with State Emergency Management upon completion.

APPENDIX E

TEAM LEADER

ORGANIZATION

The Peer Support Team Leader is the most senior peer support member of the team. The Team Leader is responsible for performing assignments assigned to a peer support team. The Team Leader reports progress, status, and other information to a Command Post or Requesting Agency POC, maintains assigned personnel, and assists the Clinical Director with his or her duties. The Team Leader reports to the Zone Coordinator.

TRAINING AND EXPERIENCE REQUIREMENTS

Required Training: Successful completion of: ♣ International Critical Incident Stress Foundation (ICISF) Assisting Individuals in Crisis Course ♣ ICISF Assisting Groups in Crisis Course ♣ an endorsed Suicide Prevention, Intervention, and Postvention course (IAFF, ICISF, or equivalent)

Recommended Training: ♣ ICISF Advanced Assisting Individuals in Crisis ♣ ICISF Advanced Assisting Groups in Crisis ♣ ICISF Strategic Response to Crisis ♣ ICISF TEAM

Experience: ♣ Numerous assignments as a Peer Supporter with varying complexities. ♣ Preferably assignments involving Serious Incident Investigations

Selection: ♣ Has applied to their respective Peer Support program, been screened and selected by the Agency Lead and Oversight Committee and agrees to adhere to the TPC Peer Support Program's Confidentiality and Code of Conduct pact. ♣ Submits certificates of training. ♣ Submits supervisor's approval in the application.

TEAM LEADER: ACTIVATION CHECKLIST

Note: (*This check list should be considered as a minimum requirement for this position)*

- ❑ Obtain briefing from Zone Coordinator and activate unit log
- ❑ Coordinate callout for team members with DEM Duty Officer.

  Team Assembly

  - ❑ Assign peer supporters based on background and culture
  - ❑ Designate the roles of each team member (teachers, observers). Assign primary duties per phase and determine which team member(s) will check with anyone who leaves early.
  - ❑ Determine if a BHS/MHP is needed for the requested scenario
  - ❑ Contact and coordinate with a BHS/MHP if necessary
  - ❑ Briefing the BHS/MHP as to what our expectations are for the meetings and travel.

- ❑ Provide the team members with a pre-deployment briefing, time, location and direction for established assembly point; or rendezvous instructions for the requested location.

  Assembly Point Key Components:

  a. Identify zone predetermined assembly point.

b. Travel to zone assembly point and check arrival status of assigned personnel.
c. Make introductions; appoint team roles; note qualifications of personnel.
d. Assign Team radio frequency/channel if necessary.
e. Brief assigned team and determine: route of travel; enroute logistical needs (fuel, food, etc.); proper formation and communications; and provide instructions for travel procedures, safety, and actions in event of problems.
f. Communications will be through the Team Leader.

- ❑ Monitor individual and team wellness and make changes when necessary. Stay aware of their boundaries and seeking guidance and assistance when appropriate.
- ❑ Function as the liaison between the requesting agency, the peer support group, and Clinical Director
- ❑ Report special events to the Zone Coordinator and Agency Lead(s) if needed
- ❑ Request further support through the DEM Duty Officer if needed, i.e. Medical Reserve Corps, Trauma Resilience Team for community support
- ❑ Keep the Duty Officer informed as to the status of the assignment.
- ❑ Complete the Peer Support Activity Log **(Appendix F**) and submit to the Zone Coordinator within 24 hours of the team closeout.

TEAM COMPOSITION AND VARIATION

Defusing	Debriefing	CMB* – suicide	CMB* large-scale incident
2-3 Peer Supporters	2-3 Peer Supporters	1 Peer Supporter per 5-8 expected attendees	1 Supporter per 15-20 expected attendees
Chaplain(s)	Chaplains(s)	Chaplains(s)	Chaplains(s)
	1 BHS/MHP (trained in peer support, culturally competent)	BHS/MHP(s) (trained in peer support, culturally competent)	BHS/MHP(s) (trained in peer support, culturally competent)

*Crisis Management Briefing (CMB)

***Resource List of Deployable Members kept with the Oversight Board, Zone Coordinators, and DEM records to include Everbridge.

DEPLOYMENT RESPONSIBILITIES AND PROCEDURES

TEAM DEMOBILIZATION CHECKLIST

It is extremely important for Peer Support Teams to close-out with one another prior to demobilization. At a minimum the following should be accomplished:

- ❑ review of mobilization and intervention response
- ❑ attempt to understand what took place
- ❑ develop and provide the coordinator with recommendations and follow-up items
- ❑ do a self-check prior to being released

KEY COMPONENTS:

1. Confirm demobilization with Agency POC.
2. Verify personnel are ready to leave in a state of readiness.
3. Assemble Team for departure and close-out with one another.
4. Depart incident for assigned locations or return to zone assembly point.
5. At assembly point, survey personnel and disassemble Team.
6. Team Leader contacts the DEM Duty Officer to advise the team is demobilized.
7. If units are OOS, each unit checks-in with their respective dispatch center prior to leaving assembly point
8. Complete unit log.
9. Team Leader makes reports, maintains originals, and forwards a complete set of reports to his/her Zone Coordinator. The Zone Coordinator maintains a set and forwards a set to the Oversight Board.
10. Peers will be contacted by another Peer Supporter from their Home Agency or their Agency Lead upon their return.

POST-INCIDENT REPORTING

The Team Leader is to collect only statistical information on the intervention, its location, and/or recommendations. The Team Leader shall submit a post-deployment summary report to the Zone Coordinator as soon as possible after each response.

This final report shall include:

- ❑ an overview of the response
- ❑ after action review items
- ❑ recommendations for improvement

These reports will not contain any personal or confidential information and will be used only for the purpose of program administration, evaluation and oversight. A "Peer Support Activity Log" is located in **Appendix F.**

APPENDIX F

Peer Supporter Duties and Responsibilities

The Peer Supporter provides support and assistance to peers in times of stress and crisis. Peers will be representative of the workforce as a whole. Peer Supporter's responsibilities are as follows:

- To convey trust and assure confidentiality within guidelines to people who seek assistance from the Peer Support Program.
- To successfully complete the three-day ICISF Group and Individual Peer Support training, or equivalent as approved by the Oversight Board.
- To successfully complete an endorsed Suicide Prevention, Intervention, and Postvention course, approved by the Oversight Board
- To maintain a minimum attendance and completion of one progressive, continuing education training per year.
- To provide assistance and support for staff and their families on a voluntary basis.
- To provide referral to mental healthcare professionals where appropriate.
- To be part of a critical response team with or without mental health professionals
- To assist in field education about psychological support services.
- To be available to individuals for additional follow-up support.
- To maintain contact with the Agency Leads regarding program activities.
- To maintain general records
- Be self-sufficient
- To agree to be contacted and, if practical, respond at any hour.
- To abide by the "Confidentiality Agreement" (**Appendix L**)
- To abide by the “Code of Conduct” (**Appendix**
- To meet requirements of the individual agency.

APPENDIX F (cont.)

PEER SUPPORT ACTIVITY LOG

Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Date:** _ _ _ _ _ _ _ _ _

Intervention:

- ☐ One-to-One
  - ☐ Post-Incident
  - ☐ Other
- ☐ After Incident Defusing
- ☐ Formal Group Work
- ☐ Follow-Up
  - ☐ Individual
  - ☐ Group
- ☐ Meeting
- ☐ Class

Pay:

Date: _ _ _ _ _ _ _ _ _ **Time**: _ _ _ _ _ _ _ _ _ _

Please turn record keeping into the Agency Lead quarterly

APPENDIX G

Team Leaders by Zone and Agency

FIRE CALL OUT LIST (PCWARN RECORDS)

ZONE 6 - ZONE COORDINATOR & ALTERNATE

Name	Home Phone	Alternante Phone	Cell Phone	Pager
AC Adam Jackson				
AC Matt Waltrip				
Larry Dorothy				

TEAM LEADERS BY AGENCY

Name	Home Phone	Alternante Phone	Cell Phone	Pager
Mark Clayton				
Jannett Neilson				
Ray Escobedo				
David Bragg				
Sharon Green				
Andrew Kolibas				

ZONE 8 - ZONE COORDINATOR AND ALTERNATE

Name	Home Phone	Alternante Phone	Cell Phone	Pager
Lt Scott Booth				
BC Mike Harn				
Capt Casey Novak				

TEAM LEADERS BY AGENCY

Name	Home Phone	Alternante Phone	Cell Phone	Pager
Chris Galbraith				
William Nelsen				
Janell Murry				
Mark Nygard				
Lt Nick Langlow				
Lt Tom Voigt				
Lt Scott Booth				
BC Mike Harn				
Capt Casey Novak				

INFORMATION:

- When a large-scale, major incident or request occurs the Oversight Board Chair is the Point of Contact for all peer support resources in Pierce County.
- When a request is made, the **DEM Duty Officer** will **call the Zone Coordinators identified in the plan and then notify** the DEM Admin Representative via email, for further notifications and tracking.
- Peer Support members are broken down into capability by training received, i.e., Team Leaders, Team Members, Chaplains, Clinicians, Medical Reserve Corps (MRC) to assist with callout.

APPENDIX H

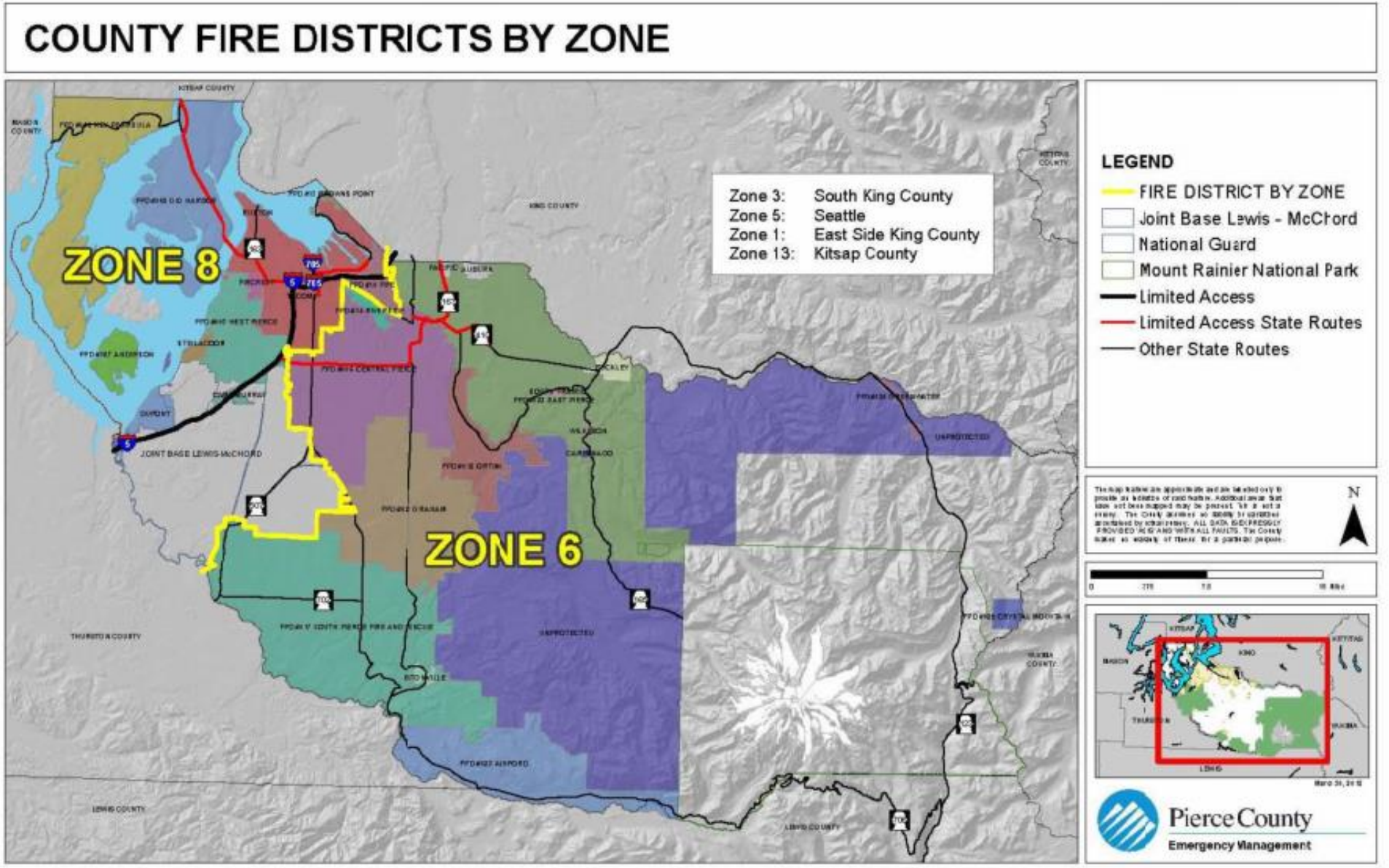
Agency Zone Request List - Fire

Location of Request
Buckley Fire Dept (Zn 6)
Carbonado Fire Dept (Zn 6)
District 3 – West Pierce (Zn 8)
District 5 – Gig Harbor (Zn 8)
District 6 – Central Pierce (Zn 6)
District 13 – Browns Point (Zn 8)
District 14 – Riverside (Zn 8)
District 16 – Key Peninsula (Zn 8)
District 17 – South Pierce (Zn 6)
District 18 – Orting Valley (Zn 6)
District 21 – Graham (Zn 6)
District 22 – East Pierce (Zn 6)
District 23 – Elbe/Ashford (Zn 6)
District 25 – Crystal Mt. (Zn 6)
District 26 – Greenwater (Zn 6)
District 27 – Anderson Island (Zn 8)
Dupont Fire Dept (Zn 8)
J. B. Lewis McChord Fire Dept (Zn 8)
Ruston Fire Dept (Zn 8)
Tacoma Fire Dept (Zn 8)

Zone 3	South King County
Zone 5	Seattle
Zone 1	East Side King County
Zone 13	Kitsap County
MC	Mason County
TC	Thurston County
LC	Lewis County

APPENDIX I

ZONE MAP



APPENDIX J

Zone 6: Fire Resource Departments

Zone Departments	Business #	Dispatch Center
Dist 6 - Central Pierce Fire & Rescue	253-536-6400	FireComm
Dist 17 - So Pierce Fire & Rescue	253-847-4333	FireComm
Dist 18 – Orting Valley	360-893-2221	FireComm
Dist 21 – Graham Fire & Rescue	253-847-8811	FireComm
Dist 22 - East Pierce Fire & Rescue	253-863-1800	FireComm
Dist 23 - Ashford/Elbe	360-569-2752	FireComm
Dist 25 - Crystal Mtn Fire	360-663-2634	FireComm
Dist 26 - Greenwater Fire	360-663-2522	Firecomm
Buckley, City of	360-829-1441	FireComm
Carbonado, City of	360-829- 0806	FireComm

ZONE 6: COORDINATORS

Radio Frequencies
Channel Bravo 10/Charlie 10 - Patch
Channel Bravo 9/Charlie 9 – (Alt)
Zone Coordinator
AC Adam Jackson, Central Pierce Fire
Alternates
Larry Dorothy, South Pierce Fire
AC Matt Waltrip, Graham Fire

ASSEMBLY POINTS:
CPFR Stat. 71, 902 7th St NW, Puyallup
CPFR Stat. 61, 100 114th St. S, Parkland

COUNTYWIDE ASSEMBLY POINTS:
STN 51 ** 6711 Kimball Dr, Gig Harbor
STN 66 ** 9813 128 St E, Puyallup

APPENDIX J (cont'd)

Zone 8: Fire Resource Departments

ZONE DEPARTMENTS	BUSINESS	DISPATCH
Dist 3 – West Pierce	253-564-1623	FireComm
Dist 5 - Gig Harbor	253-851-3111	FireComm
Dist 13 - Browns Point	253-952-4776	FireComm
Dist 14 – Riverside	253-922-5644	FireComm
Dist 16 - Key Peninsula	253-884-2222	FireComm
Dist 27 - Anderson Island	253-884-4040	FireComm
Dupont, City of (42)	253-964-8121	FireComm
Ruston, City of (46)	253-759-3544	Tacoma
Tacoma, City of	253-591-5733	Tacoma
J. B. Lewis McChord	253-912-2049	JBLM

ZONE 8: COORDINATORS

RADIO FREQUENCIES:
Channel Bravo 10/Charlie 10 - Patch
Channel Bravo 9/Charlie 9 – (Alt)
ZONE COORDINATOR:
Lt Scott Booth, Gig Harbor Fire
ALTERNATES:
BC Mike Harn, West Pierce Fire
Capt Casey Novak, Tacoma Fire

ASSEMBLY POINTS:
STN 21 ** 5000 STEILACOOM BLVD SW, LAKEWOOD
STN 51 ** 6711 KIMBALL DR, GIG HARBOR
TFD STN 12 ** 2015 54 AV E, FIFE

COUNTYWIDE ASSEMBLY POINTS:
STN 51 ** 6711 KIMBALL DR, GIG HARBOR
STN 66 ** 9813 128 ST E, PUYALLUP

APPENDIX K

Resources and Contacts

Command/Management:

County Overhead Team – Pierce County All-Hazards Incident Management Team. Request through the Duty Officer 253-798-7470, 24/7.

DEM Mobile Operations Command Center (MOCC)- mapping, computer equipment, Radio communications. FireComm will provide a dispatcher upon request to do radio communications for Command. Request through FireComm to DEM on Duty Officer, or Duty Officer directly 253-798-7470, 24/7.

Support Services:

Soup Ladies - available for support of emergency workers at the incident scene including coffee and light snacks. Request through DEM Duty Officer 253-798-7470, 24/7.

Food, sheltering, coffee - Contact DEM Duty Officer 253-798-7470, 24/7.

Tacoma Fire Buff Battalion (City of Tacoma only) – Rehab services for fire department. Refreshments, seating, cooling/misters… automatic dispatch or otherwise requested through dispatch.

Medical Reserve Corps – Community-facing CISM services for schools, shelter workers, other non first- or support-responder individuals and organizations who are struggling with incident-related trauma and stress immediately following or related to a significant incident. Contact DEM Duty Officer 253-798-7470, 24/7 to deploy.

CODE 4 NORTHWEST RESOURCE LIST

CODE 4 NORTHWEST RESOURCE LIST				
SUICIDAL CALLER: For active suicidal caller location/trace assitance call SPD Comm Center Supervisor at 206-733-9111				
COUNSELORS				
Veteran Counseling (free/Nationwide)	www.giveanhour.org			
Lifespan Integration Therapy	www.lifespanintegration.com			
Seperation and loss clinic (virginia Mas	206-223-6398			
Name	**Location**	**Specialty**	**Phone**	**Info**
North of Seattle				
Debra Young	Bellingham	First Responders/EMDR	360-319-8172	www.debrayoungcounseling.com
Chuck Wright	Sno County/Mill Creek	First Responders/PTSD	206-919-8703	wkcuhc@gmail.com
Elaine Duncan	Bothell	EMDR	425-310-2668	
Emmaus Counseling Group	Bellevue/Redmond/Bothell	Large Group/Specialties	425-869-2644	www.emmauscounseling.net
Dr Hollie Levina	Bellingham	Naturopath and counselor	360.738.8087	
Dr T. Chrisopher Portman	Bellingham	First responders	360.733.4502	
Suzan Scudder	Lynnwood	EMDR	425-778-1246	
Barbara Parrett	Lynnwood	EMDR/No insurance taken		
Dr Bridget Cantrell	Bellingham/Mt Vernon	PTSD/Trauma/first responders	360.714.1525	www.bridgetcantrell.com
Kevin St. Jaques	Bothell	PTSD/Trauma/EMDR	425.780.4477	stjacquesconsulting@outlook.com
Seattle Area				
Jeff Shushan	Downtown Seattle	Counselor	206-298-9555	www.legacycounselingandtraining.com
Jennifer Harkness	West Seattle	Counselor/children/adolescents	541-517-6222	www.courageoushearthealing.com
Pam Shaffer	Fremont	Trauma/Addiction/EMDR	425-772-4353	pshaffer.scs@gmail.com
Mindy Kalee	Westlake	LMHC	206-861-2609	
John Powers	Wallingford	rief/loss/trauma/first responde	206-632-2236	
West of Seattle/Peninsula				
David Thomason	Oak Harbor	Relationship/family/first resp.	360.720.1809	www.whidbeyislandtherapycenter.com
Dr. Steven Wexler	Tacoma/Bremerton	First responders/military	360-479-6327	
Jeff Watson	rdale/Poulsbo/Port Orchard/Se	Former LE	407.801.9481	Jeff@leocounseling.com
East of Seattle/Eastside				
Colleen Hilton	Bellevue	st responders/relationship/mar	206.910.9476	www.acuitycounseling.net
Dr Donna Bevan-Lee	Issaquah	Sex Addiction/trauma/PTSD	425-677-7711	
Emmaus Counseling Group	Bellevue/Redmond/Bothell	Large Group/Specialties	425-869-2644	www.emmauscounseling.net
Phyllis Rogers	Bellevue	na/Chaplain for Redmond fire/p	425-652-5559	www.inlifeclinic.com
Laura Halford	Bellevue	ounselor/relationships/addictio	425-610-7946	www.eastsidecenterforfamily.com
Tawny Sanabria	Bellevue	Couples, Adolescents		
Rosie Carey	Kirkland	EMDR	425-827-8500	
Bonnie Chaput	Kirkland	EMDR	425-821-5171	
Dr. Beth Murphy	Bellevue	Trauma/Former firefighter	425-281-7977	www.integrativemhw.com
Renee Baldois-Cox	Redmond	PTSD/trauma/CIT	425.503.9845	renee.bhcc@outlook.com
South of Seattle				
Sandy Tudor	Tukwila	EMDR/Trauma/PTSD	206-914-0426	www.sandytudor.com
Heidi Monuteaux	Tukwila	PTSD/EMDR/General	206-304-3345	heidi@befreecounseling.com
Justin Monuteaux	Tukwila	rst responder/PTSD/sex addicti	206-304-7678	justin@befreecounseling.com
Dr Maureen Pierce	Des Moines	PTSD,Chronic Pain	206-824-3950	
Dr Allen Hume	Des Moines	PTSD,Chronic Pain	206-824-6262	
Steve Stewart	Puyallup	Trauma/PTSD	503-936-1508	www.stevestewartmft.com
Linda Skinner	Tacoma	Family/First responders	253-686-1632	www.pathwaytochangecounselingservices.com
Dr. Steven Wexler	Tacoma/Bremerton	Trauma	360-479-6327	
Dr. Loreli Thompson	Lacey	Retired Lt./first responders	360-791-4915	www.drloreli.com
Lesa Swanson	Gig Harbor	EMDR	253-549-1113	www.harborwellness.org
Rosalie Thomas		EMDR	253-265-6972	rthom@centurytel.net
Jerry Finley	Vancouver, WA	First responder/PTSD/General	360-216-9918	jerry.d.finley@gmail.com

Greg Moore	Federal Way	LMHC/WSP Chaplin	253-205-5966	moorecounselingservices@comcast.net
Mary Ann Russell	Olympia		360-970-1259	www.zenithcounseling.com
Dr. Russell Peters	Puyallup	Chaplin/first responders	253.576.7157	russpeters14@gmail.com
Teresa Maples	Tacoma	trauma/EMDR/sex addiction	253.271.4896	woodlandpathways.com
Serge Hovaguimian	Kent	sex addiction/first responders	206.790.5401	www.meridiancounselingservices.com
Roberta Paulsen	Tacoma	ildren/Adolescent/Adult/Traun	253.831.6673	
East of the Mountains				
Christopher McBride	Kennewick	Trauma	509-619-7350	www.christopher-mcbride.com
Terri Cobb	Richland	trauma/Police/Fire	509-943-1200	www.PNWTrauma.com
Dan Lowe	Richland	Trauma	509-946-7012	
Patricia Benn	Walla Walla	Trauma	801-750-2149	
Debra Rood	Walla Walla	Trauma	509-301-7252	
Dr Deanette Palmer	Spokane	Exp. With first responders	509-731-4967	
Curtis Mulder	Spokane	General counseling/PTSD	509-731-4967	
Boise Area				
Jamie L Van	Boise	PTSD/Trauma	208-480-4007	
Portland area				
Garen LeeAnn Weitman	Lake Oswego, OR		503-684-1483	www.drweitman.com
Dr. Cynthia B Connolly	Portland, OR	Psychologist	347-229-5484	cyndi@cutlerconnolly.com
Pacific Psychology Clinics	Portland & Hillsboro, OR			www.pacificu.edu/spp/clinic
Dr. Robb Harrold	Oregon	Psychologist	503-635-2489	www.hankrobb.com
Michael Leland	Beaverton, OR	Psychologist	503-684-7246	mleland@nwomc.com
Renee Pirkl	Oregon	Psychologist	503-223-2929	www.reneepirkl.com
Patricia Warford	Newberg, OR	Psychologist	503-554-8172	pwarfordpsyd@gpwarford.com
TREATMENT CENTERS PREFERRED				
Refer all substance abuse calls to Steve Redmond (206.427.8330), Nick Bauer (206.388.7379) or Shawn Thomas (206.841.6632)				
INTERVENTIONINST				
Carefrontations	Stanwood		888-344-1632	www.carefrontations.com
Katie Stuart	Boise, ID		208-869-5085	Chelsie
Substance Abuse Monitoring				
Southworth and Associates	Boise, ID	monitoring	208-863-8945	Chelsie
Legal Services				
Anna Goykhman	Greater Seattle Area	Criminal defense	425-339-2383	www.goykhmanlaw.com
Soloman Kim	Greater Seattle Area	Divorce/DUI/Misdemeanor crir	425-419-4322	Free consult if referred by Code 4.
Ken Fornabal	South King Co & Pierce Co	DUI	253-833-4485	www.kenformabal.com
Financial Questions				
Mike Burns	Greater Seattle Area		425-643-6111	
CHAPLAINS				
Pat Ellis	King County		206-372-2663	Police/Fire/Cism
Lisa Ellis	King County		253-856-4873	Police/Fire/Cism
Charlie Scoma	Seattle PD		206-914-7192	Police/Fire
Mike Ryan	Bellevue		425.985.4619	Police/Fire
SPOUSAL SUPPORT				
Behind the Badge	Washington State	Family/spousal support	425-747-7523	www.behindthebadgefoundation.org
Jeannie Lone			206-790-6629	Survivor of SPD officer
Beth Moore			360-623-0590	Wife of WSP trooper
Jeanine Chinn		Family/Grief/Loss	206.799.8004	Husband died of cancer
Kim Bruce			206-261-4923	wife of SPD officer
OTHER RESOURCES				
Crisis Clinic 24 hr Line			866-427-4747	King County Resource Info Dial 211
AA Greater Seattle Intergroup			206-587-2838	24 hr line

WALLET CARDS

INDIVIDUAL CRISIS INTERVENTION

1. Stabilization (plus Introduction)
Basic Needs
2. Acknowledgement
Events and Reactions (Listen to story, reflect emotion, paraphrase)
3. Facilitation of Understanding
Normalize- Attribute reaction to situation, not personal weakness
4. Encourage Effective Coping
Identify personal stress management tools to empower; Identify external support; Use problem solving or cognitive reframing
5. Referral
Assess person's ability to safely function

DEFUSING

1. Introduction
2. Exploration
Describe what happened
3. Information
Summarize/Normalize

CMB

1. Provide Facts
2. Normalize Reactions
3. Information
Practical suggestions

FORMAL GROUP WORK

1. Introduction
2. Fact
Brief overview of incident
3. Thought
Prominent thought
4. Reaction
Worst part personally
5. Symptom
Signals of distress
6. Teaching
Normalize; coping tech
7. Re-Entry
Answer/ Summarize

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Answer/ Summarize

IMMEDIATE STRESS REACTIONS

85% of all people exposed to critical incident may develop symptoms within 24 hours. Most will disappear within 3 weeks.

1. Tension
2. Fatigue
3. Sleep Disturbances
4. Diet
5. Nausea
6. Recurring Memories
7. Negative Feelings
8. Self-Blame
9. Interpersonal Problems

AFTER A CRITICAL INCIDENT

Within first 24-28 hours:

1. Physical activity ASAP
2. Eat Nutritious (even if you don't feel like it)
3. Moderate intake of caffeine
4. Avoid alcohol
5. Find someone to talk to
6. Structure time- keep busy
7. Avoid changes in routine- no big decisions for 30 days
8. Find time to something you enjoy
9. Laugh- watch a dumb funny movie
10. Check in with co-workers- see how they are

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WHAT KINDS OF ISSUES CAN THE PEER SUPPORT TEAM HELP ME WITH?

- Work issues.
- Family issues.
- Personal issues.
- Critical incidents.
- Stress coping techniques.
- Any time an employee would like support, information or referral to deal with their emotional health and well-being.

Peer Support Program team members are not mental health professionals or professional counselors. Team members are **your peers**, who have been specially trained in how to assist you in dealing with issues that affect your personal and professional life.

Peer Support Team Members are available 24 hours a day, 7 days a week, on or off duty.

Feel free to contact any team member any time you need support or would just like to "talk out" an issue. You do not need supervisor approval, and there will be no record of your contact.

Team members will be able to offer you support, information, or referral to professional resources, if you so desire.

Lakewood Police Department Peer Support Program

Dave Guttu, Team Commander

Team Members
Mark Eakes (Team Coordinator)
Steve Parr
Ralph Rocco
Chaplain Robbins
Andy Suver
Thom Stewart
Jim Syler

Work, home, and pager numbers are available on the department personnel roster.

Lakewood Police Department

PEER SUPPORT PROGRAM

Lakewood Police Department
9401 Lakewood Drive SW
Lakewood, WA 98499
(253) 830-5000

The Mission of the Lakewood Police Department Peer Support Team is:

To provide fellow emergency service personnel psychological and emotional support through pre-incident education, spouse / family support, on-scene support, and demobilization intervention, post-incident defusing, or one-on-one interaction.

PURPOSE

The purpose of the Peer Support Program (PSP) is to prevent and / or lessen the potential negative impact of stress upon emergency services personnel by providing emotional support, information, and assistance.

CONFIDENTIALITY

The Peer Support Program is a confidential program. No records identifying persons who use the program will be maintained!

PSP team members will not discuss or divulge information obtained in their capacity as a PSP team member to any employee, family member, friend, supervisor, administrator, or any member of the public, *except under the following circumstances*:

- The protection of confidentiality, within the department, does not apply to employee misconduct **that constitutes illegal activity**.
- If the PSP team member, as a consequence of obtaining any information from an employee, believes that the employee is an **immediate danger to themselves or others**, the team member will consult with the program's mental health professional (MHP), who will determine what steps should be taken.

PRIVILEGED COMMUNICATION

Communication between a PSP team member and an employee is specifically protected as a "**privileged communication**" per RCW 5.60.060, and Lakewood Police Department policy. This is the same type of privilege legally afforded to other privileged communications such as attorney/client, and doctor/patient communications.

(See RCW 5.60.060 (6) (a) (b) (i) (ii) for specific information)

What does this mean to the employee seeking support?

It means that the PSP team member cannot be compelled to testify about any communication made by an employee seeking support for an incident in which the officer was involved while acting in his or her official capacity.

It also means that a supervisor, administrator, city employee, or elected official cannot compel or order a PSP team member to disclose any information obtained in their capacity as a PSP team member, unless it involves a previously mentioned exception.

Simply put, a PSP team member is a confidential, non-judgmental source for support, information, and referral for any problem or concern for which an employee would like assistance.

RCW 5.60.060

Excerpt from HB 2366, effective date 060706
[RCW 5.60.060]
(6)(a) A peer support group counselor shall not, without consent of the law enforcement officer or fire fighter making the communication, be compelled to testify about any communication made to the counselor by the officer or fire fighter while receiving counseling. The HB 2366.SL counselor must be designated as such by the sheriff, police chief, fire chief, or chief of the Washington state patrol, prior to the incident that results in counseling. The privilege only applies when the communication was made to the counselor while acting in his or her capacity as a peer support group counselor. The privilege does not apply if the counselor was an initial responding officer or fire fighter, a witness, or a party to the incident which prompted the delivery of peer support group counseling services to the law enforcement officer or fire fighter. **(b)** For purposes of this section, "peer support group counselor" means a:

(i) Law enforcement officer, ((or)) fire fighter, civilian employee of a law enforcement agency, or civilian employee of a fire department, who has received training to provide emotional and moral support and counseling to an officer or fire fighter who needs those services as a result of an incident in which the officer or fire fighter was involved while acting in his or her official capacity; or

(ii) Nonemployee counselor who has been designated by the sheriff, police chief, fire chief, or chief of the Washington state patrol to provide emotional and moral support and counseling to an officer or fire fighter who needs those services as a result of an incident in which the officer or fire fighter was involved while acting in his or her official capacity.

Prior to incident:
-Must be designated by COP
-Must have received training
Regarding the incident:
-Sworn (receiving support)
-Specific incident
-Officer was acting in their official capacity
Peer
-Was NOT an initial responder to the incident?
-Was NOT a party to the incident?
-Is functioning in CISM Team role

Excerpt from HB 2366, effective date 060706
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APPENDIX L:

Best Practices and Model Procedures for Individual Agencies

PEER SUPPORTER CONFIDENTIALITY AGREEMENT

I hereby acknowledge that in carrying out my role as a member of the Tacoma-Pierce County Peer Support Program, I may become aware of confidential personal and/or medical information concerning members of the Greater Tacoma-Pierce County and their families. I agree not to disclose such information to any person outside of the Peer Support Team. I have reviewed RCW 5.60.060 and understand that the legal protection covering peer support communications does not apply to the following exceptions:

- Any significant risk of suicide or homicide, or any information relating to a threat of suicide or homicide;
  - Any suspicion that a child, senior citizen, or disabled adult is being, has been, or is at risk of being abused or neglected;
  - Any admission of criminal conduct.

Disclosure of confidential peer support communications to any other party will not be provided without the written consent of the involved member or family member except in cases involving the above exceptions. I understand that I am expected to notify the Agency Lead or Oversight Board of any peer support communications involving the above exceptions.

I understand that violation of this agreement will subject me to removal from further participation in the Peer Support Program.

_____ Print Name	_____ Agency Lead
_____ Signature	_____ Oversight Board Chair
_____ Date	_____ Date

CENTRAL PIERCE FIRE & RESCUE
STANDARD OPERATING PROCEDURE

EFFECTIVE: 10-01-2017

SUBJECT: PEER SUPPORT PROGRAM

PURPOSE: The District has a strong commitment to its employees to provide a safe work environment and to promote high standards of employee physical and mental wellness.

The Peer Support Program offers assistance and appropriate support resources to employees, volunteers and family members when personal or professional issues negatively affect their work performance, family unit or self.

PROCEDURE:

I. PEER SUPPORT TEAM: The Peer Support Team is a voluntary and confidential resource for all District members and their family.

Peer Supporters are personnel of all ranks and job classifications. Peers have been trained to provide assistance to those experiencing problems ranging from work- related issues to personal problems like divorce, financial strain, parenting or elder-care concerns, serious illness or death. The role of the peer supporter is to provide support, not evaluate mental health.

The concept of Peer Support builds on the well-established tradition of firefighter helping firefighter. Because of the unique demands of the job, many firefighters prefer to talk to someone who comes to the conversation with an understanding of what being a firefighter is like. Peer Supporters are trained to be effective listeners and to provide feedback, clarify issues and assist co-workers in identifying options for problem solving. When appropriate, the Peer Supporter will assist the member with referrals to mental health professionals or other outside resources.

II. AREAS OF SUPPORT
The Peer Support Team has been trained to offer the following support:

A. Individual support: provide one-on-one emotional support during and after times of personal or professional crisis to others who express a need for assistance. Peer supporters are available to:
   i. Offer support after family tragedies
   ii. Provide assistance during and after personal or professional conflict

iii. Check on the status of the injured and sick and provide support where desired and needed
iv. Refer peers to appropriate resources, when necessary
v. Assure confidentiality, within guidelines, to people who seek assistance

The District recognizes that the majority of peer support responses are at the individual level rather than after a significant work event. Employee Assistance Program data shows that relationship and parenting issues are the majority of reported problems for Central Pierce Fire & Rescue.

B. On-Scene Support – used only on significant events- a brief crisis intervention with those in distress and giving advice and counsel to Command regarding those people.

C. Demobilization - a group intervention used after a large-scale event (very rare and NOT for line of duty death) to provide information on critical incident stress. It is a transition from the event to routine. Demobilizations allow for normalization and assessment when personnel are released from scene. Performed by mental health professionals and off-duty peers. Can be followed later by a formal group work.

D. Crisis Management Briefing- large group intervention to disseminate information, provide rumor control, reduces sense of chaos and provides coping resources during a large scale event (terrorism, disasters and large scale community violence).

E. Defusing - rapid, brief interventions immediately follow a disturbing event. This is an informal meeting with a small number of personnel immediately after the event. Used to provide facts, minimize rumors and literally reduce the emotional "sting" of the event. A defusing session led by two or three peer counselors ordinarily lasts less than one hour and prepares the worker to return home with a lighter emotional burden. If needed, a more intense formal group work can be organized.

F. Significant Injuries- Firefighters that will have an extended leave due to an injury will have Peer Support Provided to them.

G. Formal Group Work - a formal group educational intervention designed to mitigate stress responses to a critical incident. This small group intervention initiates psychological closure. If it is found that a formal group work is warranted, the Wellness Coordinator will be contacted. Formal Group Work requires a mental health professional present.

i. Formal Group Work is optimally conducted within 48-72 hours of the incident, and generally not beyond one-week. A 24-hour normalizing period following the incident is recommended. If

large numbers of individuals are involved, Formal Group Work begins with those most involved with the incident. Ideal size is four to 20 people.

ii. A location should be selected for the Formal Group Work that is free of distractions and represents a neutral environment, i.e., school, church, or other meeting facility as opposed to a fire station.

iii. Other emergency personnel involved in the incident should be invited to the Formal Group Work and encouraged to attend. This includes, but is not limited to, fire, law enforcement, dispatch and EMS personnel.

iv. A time for the Formal Group Work should be selected that is most convenient for those responders anticipated to attend.

v. In rare instances, a group intervention may not be appropriate for an individual. Company officers should be cognizant of this fact and notify the Assistant Chief of Health & Safety if they feel a member of their crew may fall into this category. If a member is excused, they will be contacted personally by the Assistant Chief of Health & Safety for subsequent follow-up.

H. Follow-up: peer supporters will follow up with those they have assisted. Specific concerns are delayed or prolonged stress symptoms.

III. TRIGGERS

A. Stress is a response to an event, not the actual event itself. What could be considered a crisis for one person may not be for another. Individual factors, such as personality, pre-existing conditions, coping skills and support systems all play a role in an individual's reaction to stress.

B. Individual triggers are different for everyone but could include:

i. Death of family or friends

ii. Relationship issues (family, co-workers, friends, children)

iii. Addiction issues

iv. Anxiety issues

v. Grief

vi. Financial Issues

vii. Legal Issues

C. Work related triggers could include:

i. Serious injury or death of a District member in line of duty.

ii. Death or serious injury of Police Officer when District personnel are involved.

iii. Loss of life of a patient following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts by Emergency Service personnel.

iv. Serious injury or death of a civilian resulting from District operations. This could include injury or death of a civilian as a result of a collision with an emergency vehicle.

v. Traumatic death or violent injury of a child.

vi. SIDS case (crib death).

vii. An incident that is charged with profound emotion, i.e., firefighter placed in danger due to firearms, hostage situation, or threats of physical harm.

viii. Incidents that attract extremely unusual or critical news media coverage.

ix. Mass casualty incidents.

x. Suicide of a co-worker.

xi. Victims known to emergency personnel.

IV. CONTACTING PROCEDURES

Peer Support is available 24 hours a day, 7 days a week.

A. Anytime: members may choose to select Peer Supporters on their own and/or make direct arrangements for private counseling. Names of all Peer Supporters will be on the info portal under the Health & Safety tab.

B. On-Scene: the role of Peer Supporters on-scene is to give advice and counsel to the Incident Commander. Crew defusing will be given after an incident.

Because of the time involved in even a minimal Peer Support response, activation to a scene must be limited to extended operations.

i. Incident Command can ask for a Peer Supporter in the following ways:

1. An On-Duty Battalion Chief can call the Health & Safety Assistant Chief with incident type, address, and cell phone number of the Incident Commander.

2. Calling a Peer Supporter directly. A list with all the Peer Supporters contact information will be available for all Battalion Chief and Deputy Chief Vehicles.

C. Post Incident Response: Company officers may request Peer Support by either contacting Peer Supporters directly or by contacting the Assistant Chief of Health & Safety or an on-duty Battalion Chief for assistance in finding a peer supporter.

D. Criteria: the following categories are to be use by Chief Officers when Peer Support is requested

i. District Member- immediate deployment of off-duty and on-duty Peers: temporary reduction of staffing is acceptable based on exigency. If no Peers are available: consider partner agencies, other on duty FF's, e-board member, Code 4 NW
ii. Partner Agency (Graham/Orting)- immediate deployment of off-duty and on-duty where backfill is available.
iii. Mutual Aid- extend availability of off-duty Peers
iv. Associated Agencies (Law Enforcement, non-mutual aid)- extend availability of off-duty.

E. Compensation: When a Peer is requested for support by a Chief Officer the district will pay them OT. This includes mutual aid call outs.

F. The Peer Support program understands that critical incident triggers are different for everyone. There will be no self-dispatch of Peer Supporters.

V.CONFIDENTIALITY

G. Peer Supporters provide confidential services to members of Central Pierce Fire & Rescue. Peer Support Team is protected under state law. Washington State Law RCW 5.60.060 protects communication with a Peer Supporter privileged and not subject to disclosure in a judicial or administrative proceeding IF:

i. The communication occurs during a peer support counseling session (meaning both parties are aware that the Peer Supporter is acting in his/her capacity as a Peer Supporter), and

ii. The communication is with a person who has been designated and

trained as a Peer Supporter (the Assistant Chief of Health & Safety must have the Peer Supporter on the current list of designated Peer Supporters).

H. The Peer Support Confidentiality Law does NOT apply to:
   i. Any threat of suicide or homicide made by a participant in a peer support counseling session, or any information conveyed in a peer support counseling session relating to a threat of suicide or homicide;

   ii. Any information relating to abuse of children or of the elderly, or other information that is required to be reported by law; or

I. Any admission of criminal conduct by District members will be advised of the confidential nature of discussions and the exceptions to the confidentiality rule prior to any defusing, formal group work or peer support meeting.

V. SELECTION PROCESS
   A. Every two years, if needed, a District survey will be initiated by the Assistant Chief of Health & Safety to identify potential peer supporters through a nomination process.

   B. Peers may take a leave of absence for up to one year.

VI. TRAINING REQUIREMENTS
   A. The Assistant Chief of Health & Safety will coordinate all Peer Support training. The major emphasis will focus on skill development for conducting peer assistance.
      i. Initial training for peer supporters will consist of classes through the International Association of Firefighters PEER Support Program.

      ii. Ongoing education will be offered through classes and meetings. Attending regular meetings will help Peer Supporters maintain their skills.

APPROVED:

DAN OLSON
FIRE CHIEF

PEER SUPPORT PROGRAM

Standard Operating Guidelines

Lakewood Police Department

PEER SUPPORT TEAM MISSION

TO PROVIDE FELLOW EMERGENCY SERVICE PERSONNEL PSYCHOLOGICAL AND EMOTIONAL SUPPORT THROUGH PRE-INCIDENT EDUCATION, SPOUSAL/FAMILY SUPPORT, ON-SCENE SUPPORT AND DEMOBILIZATION INTERVENTION, POST-INCIDENT DEFUSING OR ONE-ON-ONE INTERACTION.

Peer Support Program
Standard Operating Guidelines

PURPOSE

The purpose of the Peer Support Program is to prevent and/or lessen the potential negative impact of a stress upon emergency services personnel by providing emotional support, information and assistance.

The Program will provide the emergency services personnel psychological and emotional support through pre-incident education, spousal/significant other support, on-scene support and demobilization intervention, post-incident defusing or one-on-one interaction.

The Peer Support Team will be comprised of agency members who have been specially trained in stress management, critical incident stress and crisis intervention techniques and who work in conjunction with designated mental health professionals.

A critical incident is any event, on duty or job related off-duty, involving actual or threatened death or serious injury, which has the potential to create a sense of fear, helplessness, horror or general distress, or an event that is overwhelming to the natural defenses of an officer. Furthermore, a Peer Support Team offers the employee a sounding board for personal life crises.

POLICY

a. The Peer Support Program shall consist of volunteer Peer Support Team Members who have had a critical incident experience and some of the issues and feelings associated with critical stress. These volunteers will be trained to provide support and reassurance to a fellow employee who has experienced a critical incident and/or are in crisis.

b. The Peer Support Program does not take the place of a critical incident stress debriefing (CISD).

c. Peer Support is not to be considered a substitute for professional counseling. Peer Support Team Members are not trained mental health professionals; they are peer support providers.

d. All Peer Support activities shall be voluntary. Employees may choose or reject a Peer Support Team Member.

STATEMENT OF UNDERSTANDING

Peer Support Team Members understand that their position is voluntary. Team members will make time and efforts to participate in the Peer Support Program; it is understood that they make themselves available for co-workers.

Most Team Member-employee interactions will occur during day to day operations and will not significantly affect the Team Members work assignments. Should the Peer Team Member become involved in an extended peer counseling it is the responsibility of the Team Member to seek his/her supervisor's approval. No names or personal identifiers of the employee will be given to the supervisor.

Compensation and/or overtime are addressed in the Lakewood Police Officers Guild Contract.

The peer supporter's supervisor should report negative job performance caused by peer support duties to the Team Coordinator for discussion and resolution.

CONFIDENTIALITY

a. The Peer Support Program is a confidential program. No records identifying employees who utilize the program will be maintained.

b. Peer Support Team Members shall not discuss information obtained while acting in a peer support capacity with anyone other than the Mental Health Professional or their designee for the purpose of mental health support unless required by law. Peer Support Team Members shall not divulge shared information with other employees, family members, friends, supervisors or management, or the general public. A Peer Support Team Member cannot be found insubordinate for failure to divulge information obtained as a Peer Support Team Member under any administrative investigation of employee misconduct other than for illegal activities. Peer Support Team Members may consult with the organization's Mental Health Professional, who will also maintain confidentiality. Requests to contact the organizations Mental Health Professional should be routed through the Team Coordinator.

c. Employees shall be advised that confidentiality will be maintained except in the following circumstances:

(1) The protection of confidentiality within the Department shall not apply to employee misconduct that constitutes illegal activity. A Peer Support Team Member shall divulge information, obtained from an employee who acknowledges participation in misconduct that constitutes illegal activity, to the proper authority (e.g. personnel's supervisor, law enforcement).

(2) Confidentiality cannot be maintained when an employee shares information with a Peer Support Team Member who is subpoenaed to testify unless covered under RCW 5.60.060 (see Appendix) Peer Support Group Counselor. * applies to law enforcement peer counselors only.

(3) A Peer Support Team Member who, as a consequence of obtaining any information from an employee, believes that the employee is an immediate danger to him/herself or others, shall consult with the Program's MHP, who will determine what steps should be taken. The MHP shall notify the employee's Commander if appropriate.

Members of a Peer Support Program

Advisory Board
Peer Support Team Coordinator
Mental Health Professional (MHP)
Peer Support Team Members

Advisory Board

Members include:

1. State Licensed/Certified Mental Health Professional (MHP)
2. Peer Support Team Coordinator (Board Chair)
3. Administrative Representative
4. Guild Representative
5. Department Chaplain
6. EAP Representative
7. City Personnel Representative

The functions of the Peer Support Advisory Board are:

1. To oversee the program
2. To advise and approve policy
3. To receive information on the progress of the program
4. To recommend funds for the program
5. To provide administrative support to the program
6. Evaluate the program's operation

Peer Support Team Coordinator

The Peer Support Team Coordinator is the most senior peer support member of the team. He/she manages the program and coordinates the team of peers and is the main link between the program and the MHP. The functions of the Peer Support Team Coordinator are:

1. To manage the peer support team
2. To manage all matters relating to CISD activities
3. To maintain records of team activities
4. To assist in the recruitment of new team members
5. To develop in-service education specific to the team
6. To assist the MHP with his or her duties
7. To act as the liaison for the peer support team

Mental Health Professional (MHP)

The MHP manages all matters related to the psychological or clinical aspects of the program. The functions of the MHP are:

1. To advise on all of the clinical aspects of the program
2. To ensure quality of service
3. To offer clinical support and program guidance to the Team Coordinator
4. To train and assist in the selection of new team members
5. To assist in cross training of team members and ongoing continuing education
6. To assist in the development of policy and written operational protocols

Peer Support Team Members

Peer Support Team Members are the main service providers. Their functions are:

1. To provide crisis intervention and basic counseling for staff and their families
2. To provide referral to mental health professionals where appropriate
3. To be part of a critical response team with or without mental health professionals
4. To assist in field education about psychological support services
5. To undertake training and supervision necessary to the role.

Lines of Authority

The Peer Support Program is a function of, and managed by, Lakewood Police Department. The Advisory Committee reviews the operation of the Peer Support Program to ensure that the goals and objectives of the program are maintained, and program policy is followed. It is the responsibility of the Team Coordinator to manage the program and ensure that the Chief of Police is kept informed as to status of the program. (See organizational chart)

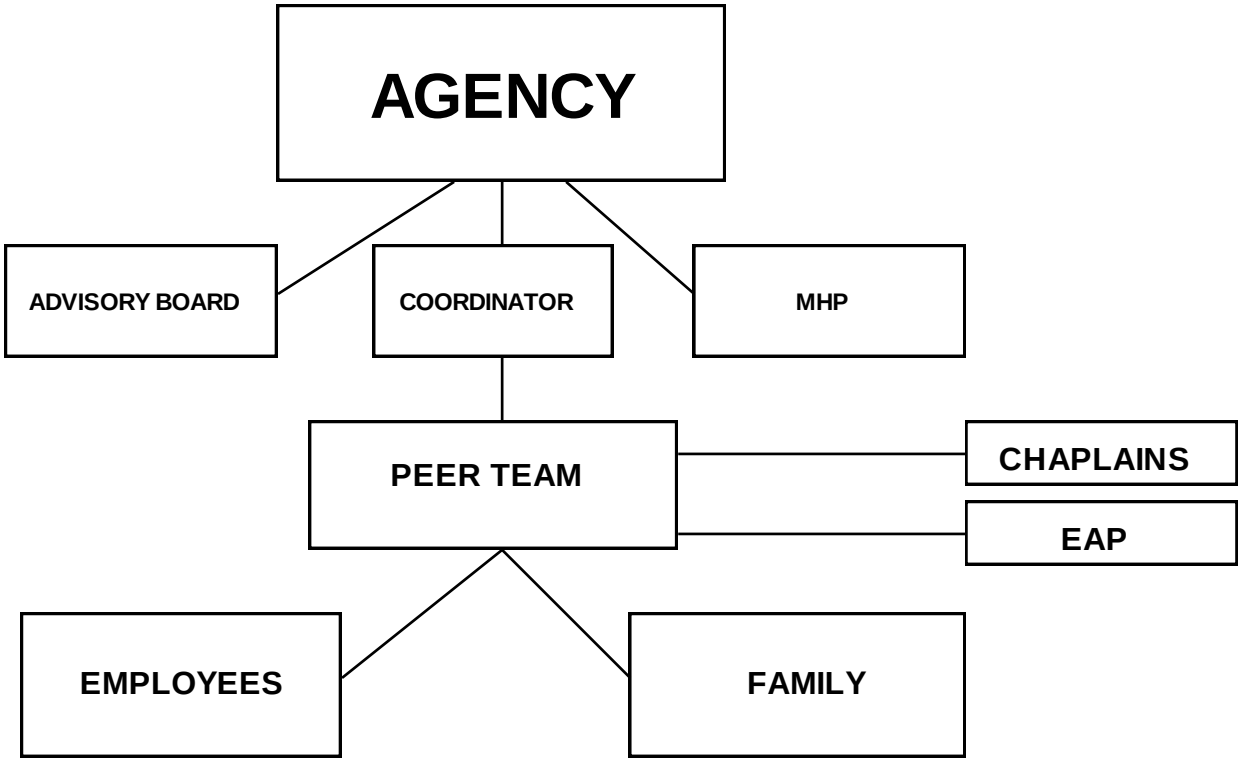
The Chief of Police designates the Team Coordinator. Team Members, once they have received the basic 2-day training, will be designated by the Chief of Police as Peer Support Team Members.

For all matters relating to Critical Incident Stress Debriefing (CISD) activation, it is recommended that the guidelines established by the King County CISM Program (24 Hour

Request: 253-854-2005) be followed. The Peer Support Team Coordinator may consult with the Mental Health Professional over decisions about appropriate actions and ensure that the involved emergency service personnel and the members of the Peer Support Team are notified of a CISD.

All individual contact with a member of the Peer Support Team must always be initiated from the member seeking assistance (or a delegate chosen by that member). A communication system should be established to activate the Peer Support Team Members

Refer to the Lakewood Police Officers Guild Contract for issues related to overtime or call-outs.



Program Administration

a. The Peer Support Program is administered by the Team Coordinator. The Program is overseen by the Peer Support Program Advisory Board (see Organizational Chart).

Peer Support Program Advisory Board Membership:

Mental Health Professional (MHP)
Peer Support Program Team Coordinator (Board Chair)
Administration Representative
Representative from Guild
Department Chaplain
Representative from EAP
City Personnel representative

b. The Team Coordinator, MHP, Administration Representative and Guild Representative shall hold permanent positions on the Advisory Board.

c. Bargaining units having representation on the Advisory Board shall appoint their representative(s).

d. The Committee shall meet at least once a year to review the policy, procedures (SOP), and evaluate the program. The Peer Support Advisory Board may meet more frequently as deemed necessary by the Chairperson. The Board shall provide policy and procedure recommendations to agency's Administration.

Peer Support Application

Recruitment and selection of candidates for service as Peer Support Team Members should be an ongoing function of the Program. Peer Support Team Members will be selected from employees who have demonstrated an ability to cope with a traumatic event and effectively deal and command respect with their peers. Persons seeking a position on the Peer Support Team should complete the application process.

a. Interested employees may submit a memorandum to the Team Coordinator indicating their interest in participation in the Program. The Team Coordinator will provide the applicant with a Peer Support Program application and questionnaire.

b. The Team Coordinator will make a recommendation to the Advisory Board regarding the employee's suitability for participation based upon job performance, observed interpersonal skills, maturity, judgment, and personal and professional credibility.

c. The Team Coordinator and Advisory Committee shall jointly interview recommended employees and select candidates based upon qualifications and the needs of the organization.

Selection Committee

Selection of employees into the peer team should be undertaken by the Peer Support Advisory Board. It may also be useful to consider having an additional position on the selection committee filled by a person from outside the organization, who is familiar with peer programs.

Criteria for Member Selection
Good rapport with fellow emergency workers
Respect for management and union
Good listening skills
Sensitivity to the problems of others
Understanding of confidentiality issues
Willingness to learn

Peers must be prepared to work within the guidelines and limitations of their organization's peer support program, they must be prepared to consult with mental health support staff and to refer staff to professional services when appropriate.

It is recommended that those who are selected into teams should be free of major personal problems themselves. A minimum of three years job experience is suggested

Job Descriptions:

Team Coordinator.

The Program Coordinator shall:

(1) Coordinate the recruitment, selection and training of Peer Support Team Members.
(2) Maintain a listing of professional resources for potential referrals.
(3) Coordinate liaisons between Peer Support Team Members, Supervisors, Guild, training division, investigation teams, referral psychologists, EAP, MHP, and the organization.
(4) Maintain an accounting of resources utilized by the Program, including the number of times the Team has been utilized.
(5) Establish and maintain evaluations of the Program and Team Members.
(6) Coordinate the educational materials for the Peer Support Program.
(7) Attend related training seminars to maintain expertise.
(8) Compile annual report of activities to the Advisory Board, agency administration.
(9) Ensure that Peer Support Team Members adhere to the Program's confidentiality policies.
(10) Provide ongoing evaluation of the Program using employee surveys and other methods deemed appropriate by the Advisory Board.
(11) Provide Program awareness through employee orientation and awareness.
(12) Maintain and distribute current Peer Support lists to appropriate individuals.
(13) Receive complaints regarding any part of the Program, process, advise Advisory Board of major complaints, and notify complainants of action taken.
(14) Assess training needs, report significant trends, and track the composition and geographic locations of Peer Support personnel for accessibility.
(15) Advise the MHP, agency administration and Advisory Board of any issues that might result in liability with the Peer Support Team and/or Program.

Mental Healthcare Professional

The MHP shall:

(1) Assist in the selection and training of Peer Support Team Members.
(2) Provide Peer Support Team with clinical support.
(3) Provide consultation to Peer Support Team Members.
(4) Assist as needed with referrals.

Peer Support Team Members

The primary responsibility of the Peer Support Team Members is to listen, provide support, referral, information and psychological support for peers who have been involved in a critical incident and/or are suffering personal crises. The Peer Support Team Members is not authorized to act as a psychological counselor to the employee. The role of the Peer Support Team Member is one of support in dealing with the employees' reactions to a critical incident or personal crisis. A Peer Support Team Member shall not hamper or impede any investigation or attempt to act as a representative for the employee. The Peer Support Team Members shall:

(1) Be recommended to the Peer Support Program.
(2) Successfully complete a recognized basic 16 hours Peer Support Team training course.
(3) Complete 8 hours continuing education/training annually.

(4) Recognize that an assignment as a Peer Support Team Member is voluntary, and be available to provide emotional/psychological support to co-workers.
(5) Maintain contact with the Team Coordinator for 'call-out'.
(6) Keep all communications strictly confidential except as provided in the confidentiality policy statement. (Refer to 'Confidentiality')
(7) Upon request of an employee's Supervisor, make contact with employees.
(8) Be available for support, if requested by an employee and/or their support system during anniversary of a critical incident or tragedy.
(9) Abstain from any intimate/social relationship (e.g., dating) with any employee, employee's family member or agency's personnel to whom the Peer Support Team Member has provided support.
(10) Abstain from religious or financial entanglements with employees.
(11) Avoid espousing any particular moral standard or philosophy to the employee.

Supervisors

This outline is meant to aid the Supervisor in their role in relationship to the Peer Support Program.

(1) A Supervisor may request the services of a Peer Support Team Member under the following circumstances:
    (a) When an employee has been involved in a critical incident and, in the opinion of the Supervisor, peer support would be appropriate.
    (b) Help assess the need and facilitate a group debriefing (CISD) following an incident.
(2) If an employee declines support, the Supervisor shall respect the employee's decision and provide the employee with a Peer Support Program pamphlet and/or other resources.
(3) Supervisors can assist in the selection of Peer Support Team Member by making recommendations of employees they feel worthy as a Peer Support Team Member.

Termination from the Peer Support Team

a. A Peer Support Team Member who fails to fulfill any of the responsibilities of a Peer Support Team Member may be removed from the Program upon the approval of the Advisory Committee.

b. Failure of the Peer Support Team Member to maintain a minimum number of continuing education hours.

c. The integrity of the Program is essential to its effectiveness. Any breach of confidentiality or other inappropriate activity by Peer Support Team Member shall be sufficient cause for that individual to be removed from the Program.

d. Peer Support Team Member may resign from the Program by notifying the Team Coordinator in writing.

Using Peer Support Services

Department employees and their family/significant others may contact Peer Support Team Members directly for support services in dealing with reactions to critical incidents and/or personal crisis and stress. Departmental or supervisory approval or notification is not required. Peer Support rosters will be distributed to all Supervisors, all worksites, and other areas such as dispatch centers, bulletin boards.

Initial Training

The initial training program should follow the standard Basic Peer Support Training Model established by the King County CISM Program or the International Critical Incident Stress Foundation, Inc. (See Training Curriculum)

a. Peer Support Team Member shall complete 16 hours of initial training in:

(1) Information on typical immediate, short and long-term psychological reactions to critical incidents.

(2) Skills in active listening, providing support, referral to professionals, debriefing, and defusing.

(3) Policies and procedures of the Peer Support Program, legal issues, and the responsibilities and limitations of the Peer Support Team Members.

b. Annual maintenance training will provide Peer Support Team Members with:

(1) Updates on relevant information.
(2) Maintenance of skills.

Peer Support Team Application

Applicant Name_____

Current Department Assignment _____

Number of years in Law Enforcement _____

Signature of Supervisor _____

1. Why are you interested in being on the Peer Support Team?

2. What types of traumatic incidents have you been involved in? Have you ever participated in a critical incident debriefing? How was it?

3. Which incidents had the most impact on you? Please describe how it affected you and how you coped with it.

4. What do you think are the qualities of a good listener?

5. Are you a good listener? Why?

6. What skills or qualities do you think you have that would make you a good candidate for a Peer Support Team Member?

7. Have you had prior experience providing support to a peer?

8. What reasons do you think there are for having a Peer Support Program?

9. Additional Comments:

Please return application to _____-By / /

Tacoma Fire Peer Support Team ADMINISTRATION 1024

CONFIRM EITHER ADMIN OR EMS POLICY FOR THIS--??

1.0 OVERVIEW

1.1 Purpose

1. This document establishes TFD's policy on the use of the Peer Support Team
2. The purpose of the Peer Support Team is to address and mitigate cumulative emotional and/or psychological stress through peer support.
3. Included in this document are procedures for:
    a. Activating the Peer Support Team
    b. Arranging a defusing or debriefing
    c. Participating in a defusing or debriefing

1.2 This document applies to **ALL TFD personnel**.

1.3 This document supersedes all previous versions of this policy.

1.4 Associated with this document is the Employee Assistance Program (EAP) pamphlet.

1.5 For more specific TFD-related information users of this policy should contact a Peer Support Team member.

2.0 RESPONSIBILITIES

2.1 The **Deputy Chief of Administration** shall be responsible for:

1. Overseeing the Peer Support Team program
2. Selecting the Peer Support Team Coordinator
3. Approving Peer Support Team member selection
4. Maintaining this document
5. Providing administrative approval for any planned group interventions

2.3 **Battalion Chiefs** shall be responsible for:

1. Maintaining an awareness of the physical and mental condition of personnel operating within his/her span of control
2. Activating the Peer Support Team upon request of any TFD personnel and in accordance with the guidelines set forth in this document
3. Determining a time and a place for an intervention called for by a Peer Support Team member
4. Contacting TFD companies and/or individuals and directing them to attend interventions

5. Working with Fire Communications personnel to arrange movement of TFD units to accommodate attendance at a defusing or debriefing

2.4 **Company Officers** shall be responsible for:

1. Maintaining an awareness of the physical and mental condition of personnel operating within his/her span of control
2. Contacting a Battalion Chief to activate the Peer Support Team whenever his/her unit is involved in a critical incident

2.5 **TFD Station Captains and Facility Supervisors** shall be responsible for ensuring the Peer Support Team awareness documents are posted on the safety bulletin board in his/her station or facility. These include the most current Peer Support Team roster, EAP contact information and Peer Support Team information pamphlets.

2.6 The **Peer Support Team Coordinator** shall be responsible for:

1. Supervising the daily operations of the Peer Support Team program
2. Participating as a Peer Support Team member
3. Maintaining an accurate phone roster of Peer Support Team members which shall be forwarded to all BC offices and appropriate TFD facilities.
4. Ensuring that a current list of Peer Support Team members is available at Fire Communications and Battalion offices
5. Arranging for the initial training of new Peer Support Team members, as approved by the DC of Administration
6. Advising the DC of Administration of needs and/or opportunities for continuing CISM education and/or training for current Peer Support Team members
7. Scheduling the quarterly Peer Support Team meetings
8. Performing other related duties for Peer Support Team as necessary

2.7 **Peer Support Team members** shall be responsible for:

1. Being on call to serve as Peer Support Team members for a critical incident
2. Notifying the DC of Administration of any critical incident for which any level of intervention is deemed necessary Remaining up-to-date and able to execute current CISM standards and practices
3. Attending quarterly Peer Support Team meetings at least twice annually
4. Maintaining strict confidentiality outside the team regarding sensitive Peer Support Team matters
5. Clearing IRS following a defusing or debriefing meeting

2.8 The **Peer Support Team Mental Health Professional** shall be responsible for providing clinical assistance for the Peer Support Team including, but not limited to:

1. Training
2. Consultation
3. Intervention level determination
4. Debriefing participation

2.9 **Fire Communications personnel** shall be responsible for:

1. After consulting with an on-duty Battalion Chief, initiating Peer Support Team activation in accordance with the guidelines set forth in this document

2. Working with the Battalion Chiefs to arrange movement of TFD units to accommodate attendance at a defusing or debriefing
3. Ensuring that radio communication is not initiated by any TFD personnel, including him/herself, regarding Peer Support Team activations and/or interventions
4. Placing no detail in CADS and using "Conference" as disposition for any Peer Support Team intervention meeting

2.10 All **TFD personnel** shall be responsible for:

1. Maintaining an awareness of the physical and mental condition of personnel operating around him/her, regardless of rank
2. Considering whether an incident to which s/he responds constitutes a critical incident
3. Understanding and being able to execute this policy and procedures

3.0 DEFINITIONS

3.1 **Assessment.** For the purposes of this document, assessment is defined as the process of determining the appropriate level of intervention for critical incidents based upon an investigation of the event, one-on-one intervention, training and knowledge of Critical Incident Stress Management (CISM) and/or use of recognized CISM standards and practices.

3.2 **CISM.** Critical Incident Stress Management.

3.3 **Critical Incident**. Any incident of any type that generates or can be reasonably expected to generate unusually strong mental, physical and/or emotional reactions in an emergency worker that subsequently may interfere with his/her ability to function at an emergency scene or perform his/her duties. Examples include, but are not limited to, incidents that:

1. Involve the death or serious injury of a fellow emergency responder
2. Involve the death or serious injury of a child
3. Expose emergency responder(s) to serious threat of physical harm
4. Involve a fire death or a traumatic death
5. Bring about intensive media exposure
6. Are difficult to control
7. Expose personnel to prolonged physical or emotional involvement

3.4 **Critical Incident Stress**. A normal reaction to a critical incident by emergency service personnel.

3.5 **Debriefing**. A meeting to mitigate the residual adverse impact of a critical incident.

3.6 **Defusing**. A discussion to reduce acute stress and tension levels following a critical incident.

3.7 **EAP.** Employee Assistance Program.

3.8 **One-on-One Intervention.** Individual phone or in person contact between a Peer Support Team member and TFD personnel involved in a critical incident.

3.9 **Post-Traumatic Stress Disorder**. is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

3.10 Mental Health Professional (MHP). A department designated individual with at least a Master's Degree in an appropriate discipline or who is licensed/certified as a mental health professional in good standing in the State of Washington.

3.11 Peer Support Team Member. TFD personnel who have attended 32 hours of basic CISM training and remain up-to-date with current CISM standards and practice. Once activated, the Peer Support Team member functions as a peer for a specific critical incident.

3.12

3.13 Tactical Critique. A review of the emergency response tactics used at a specific incident to determine their effectiveness and possible opportunities for improvement.

4.0 REFERENCES

4.1 International Critical Incident Stress Foundation, Inc.
Group Crisis Intervention
Individual Crisis Intervention and Peer Support

4.2 RCW 5.60.060 (6) Privileged Communication

4.3 Employee Assistance Program: First Choice Health (800) 777-4114
4.4 Safecallnow.org (206) 459-3020
4.5 Code4NW.org (425) 243-5092

5.0 RULES

5.1 General Guidelines

1. The goals of the Peer Support Team shall be to:
    a. Recognize when a critical incident has occurred
    b. Assess for appropriate intervention
    c. Mitigate the harmful effects of critical incidents on TFD personnel
    d. Facilitate normal recovery from critical incident stress
    e. Direct personnel to professional mental health resources, as needed
2. All TFD personnel, regardless of rank, can request activation of the Peer Support Team for a critical incident intervention.
3. To protect the confidentiality of participants, all communication regarding Peer Support Team activation and/or interventions, including the movement of companies to attend a debriefing or defusing, shall be made in person or by phone.
    a. Communication shall not be made by radio
4. Confidentiality regarding Peer Support Team activations and interventions shall be maintained indefinitely.

5.2 Peer Support Team Guidelines

1. The Peer Support Team Coordinator shall be chosen by the DC of Administration from among the Peer Support Team membership.
2. Additional Peer Support Team members shall be recommended as needed by the Peer Support Team Coordinator and approved by the DC of Administration.
3. A Peer Support Team member must obtain at least 32 hours of CISM training before s/he can serve as a Peer Support Team member.
4. When activated for a critical incident, Peer Support Team members shall serve as peers.
5. If a Peer Support Team member is notified directly about a critical incident and determines that a defusing or debriefing is needed, the Peer Support Team member shall ensure the appropriate Battalion Chief and the DC of Administration is aware of such activation.
6. All Peer Support Team members shall:
    a. Participate in continuing education and training
    b. Attend at least two quarterly Peer Support Team meetings each year
7. Peer Support Team members shall decline to participate as Peer Support Team whenever:
    a. S/he is a responder in the critical incident; or
    b. His/her objectivity is otherwise compromised to a significant degree by the circumstances of the critical incident and/or his/her personal life
8. Breach of confidentiality shall be grounds for removal from the Peer Support Team.

5.3 Peer Support Team Intervention Guidelines

1. Peer Support Team members shall determine the appropriate level of intervention based on:
    a. The circumstances of the incident
    b. The reactions of involved personnel, as determined by one-on-one intervention
    c. Current CISM standards and practices
2. Peer Support Team members may use the MHP as a resource in making this determination.
3. Interventions may include any or all of the following:
    a. One-on-one intervention
    b. Defusing
    c. Debriefing
4. When notified by a Peer Support Team member of the need for a defusing or debriefing, Battalion Chiefs and the Fire Communications shift supervisor shall arrange the necessary movements of TFD units in order to:
    a. Maintain coverage
    b. Allow personnel involved in the critical incident to remain out of service while attending the defusing or debriefing
5. Battalion Chiefs shall have flexibility in scheduling a defusing or debriefing to accommodate the TFD work schedule, staffing and other practical factors.
6. If a critical incident results in a tactical critique, Battalion Chiefs should invite an uninvolved Peer Support Team members to attend for the purpose of assessing the need for any further CISM intervention.
7. Peer Support Team interventions shall not be recorded, documented or broadcast in any manner, including written notes, audiotapes or videotapes.
8. Operational issues shall not be criticized during Peer Support Team interventions.
9. Attending a defusing or debriefing is required for all on duty TFD personnel assigned by a Battalion Chief to the intervention; however, individual participation while there is voluntary.
10. Attendance at a defusing or debriefing shall be limited strictly to the following:
    a. TFD personnel directly involved are priority
    b. Peer shall consider private ambulance personnel

c. Peer shall consider TFC and Inspection personnel
d. Peer shall consider chaplain
e. Peer shall consider TPD as would benefit the individual and the TFD members involved.
f. Any other individual(s) involved in the critical incident and deemed appropriate to attend by the peer(s)
g. Peer Support Team members
h. A mental health professional for a debriefing

11. Personnel who attend a defusing or debriefing shall not be required to speak or otherwise contribute to the discussion.

12. TFD personnel who attend a defusing or debriefing shall:
    a. Speak only for themselves and not for others
    b. Not engage in an operational critique
    c. Not take notes of the discussion
    d. Not breach confidentiality at any later time
13. Consider occasional Peer Support Team member debriefings

5.4 One-on-One Intervention

1. One-on-one intervention may occur at any time following a critical incident.
2. One-on-one intervention shall be provided by a Peer Support Team member.
3. One-on-one intervention may be made for any one or more of the following reasons:
    a. To mitigate critical stress symptoms
    b. To provide referral information to personnel
    c. To determine the need for a defusing or debriefing
    d. To provide follow-up after any Peer Support Team intervention
4. One-on-one intervention may be:
    a. The only intervention that is necessary; or
    b. The only intervention that is appropriate if a defusing should have been conducted, but for whatever reason did not occur in a timely manner
5. A Peer Support Team member may activate other Peer Support Team members to provide one-on-one intervention.
6. On a case by case basis, personnel shall consider being out-of-service during the one-on-one intervention as necessary.

5.5 Defusing

1. A defusing shall take place as soon as practical after the conclusion of a critical incident, but no later than the end of the shift.
2. A defusing shall be conducted by one or more Peer Support Team members.
3. The purpose of a defusing shall be to:
    a. Assess the needs of personnel involved in a critical incident
    b. Mitigate critical stress symptoms
    c. Provide stress management information to personnel
    d. Determine the need for a debriefing if such determination was not made earlier
4. Defusing may be:
    a. The only group intervention necessary; or
    b. Conducted to enhance a subsequent debriefing

5. A Peer Support Team member may activate additional Peer Support Team members as needed to accomplish tasks related to a defusing.
6. Personnel shall be out-of-service during the defusing.

5.6 Debriefing

1. A debriefing shall be held as soon as possible after a critical incident, but no earlier than the next shift.
    a. In accordance with current CISM practice, a debriefing may be held after an extended period of time when circumstances prevent a timely debriefing
2. A debriefing shall be led by two or more Peer Support Team members with a mental health professional present.
3. The purpose of a debriefing shall be to:
    a. Assess any ongoing needs of personnel involved in a critical incident
    b. Mitigate critical stress symptoms
    c. Provide stress management information to personnel
    d. Aid in recognizing potential stress and its manifestations
4. Peer Support Team members should participate in the discussion.
5. Peer Support Team members may activate additional Peer Support Team members as needed to accomplish tasks related to a debriefing.
6. Personnel shall be out-of-service during the debriefing.

5.7 Guidelines for Recognizing Critical Incident Stress

1. Peer Support Team members shall make every effort to recognize circumstances and symptoms that may indicate critical incident stress.
2. Physical signs and symptoms may include:
    a. Muscle tremors
    b. Profuse sweating or chills
    c. Shock
    d. Loss of or increase in appetite
    e. Nausea or upset stomach
    f. Dizziness
    g. Change in sleep patterns
    h. Crying
3. Cognitive/emotional signs and symptoms may include:
    a. Preoccupation with the incident
    b. Strong feelings of guilt
    c. Personality changes
    d. Loss of memory
    e. Feelings of loss of control
    f. Intrusive mental images
    g. Fear of repetition
    h. Irritability
    i. Loss of interest in loved ones
    j. Markedly changed attitude about the “job”
4. Spiritual signs and symptoms may include:

a. Anger at God or a Spiritual Higher Power
b. Heightened or diminished spirituality sensitivity
c. A sense that "things" will never be the same again

6.0 PROCEDURE FOR ACTIVATING PEER SUPPORT TEAM

6.1 TFD Personnel

1. Contact one of the following individuals to make a Peer Support Team activation request:
    a. Battalion Chief
    b. Incident Commander
    c. Company Officer
    d. On duty Captain Paramedic
2. Alternatively, contact one of the following individuals directly by phone:
    a. Tacoma Fire Communications
    b. Peer Support Team member

6.2 Fire Communications Personnel

1. After consultation with an on-duty Battalion Chief, initiate Peer Support Team activation upon becoming aware of a critical incident, even when no such request is forthcoming from the field
2. Refer to the list of Peer Support Team members.
3. Contact by phone any on duty Peer Support Team members who were not involved in the incident.
4. If no on duty Peer Support Team members are available, contact off duty members by phone at home or on cell phones.
5. If no Peer Support Team members are available, call the MHP or Chaplain.

6.3 Peer Support Team members

1. Upon becoming aware of a critical incident, contact all personnel involved by phone or in person as necessary to determine scope and impact of the incident.
2. Determine which TFD personnel were involved in the critical incident for the purposes of Peer Support Team intervention.
3. Remind involved personnel about EAP, Code4NW.org and Safecallnow.org
4. Contact other Peer Support Team members for assistance, as necessary.
5. Determine the appropriate level of intervention necessary for the critical incident in accordance with CISM standards and practices and in consultation with another Peer Support Team member
7. Notify the DC of Administration via phone of any critical incident for which any level of intervention is deemed necessary.
    a. If unable to speak directly with him/her leave a message with information regarding the circumstances that require intervention
8. Proceed with planned one-on-one, defusing or debriefing.

7.0 PROCEDURE FOR ARRANGING A DEFUSING OR DEBRIEFING

7.1 Battalion Chiefs

1. Contact a Peer Support Team member
2. Determine the time and place for a defusing or debriefing.
3. Arrange movement of TFD units to accommodate attendance at a defusing or debriefing.
4. Place Peer Support Team members out-of-service for the purpose of one-on-one interventions as needed.
5. Direct companies and/or individuals by phone or in person to attend the scheduled intervention.
6. Ensure that any firefighter relieved of duty prior to the end of his/her shift as a result of a critical incident is contacted by a Peer Support Team member.
7. Coordinate with TFC on contacting off duty peers when necessary.

7.2 Peer Support Team members

1. Consider a time and location for the defusing or debriefing.
2. Prior to scheduling a debriefing, contact the MHP regarding his/her availability.
3. Contact the Battalion Chief by phone with a recommendation for the time and location; include the names of involved personnel.
4. Notify any off duty and external agency personnel of the scheduled intervention and invite them to attend.
5. Allow sufficient time for set-up; make sure the incident has concluded.
6. Ensure that EAP pamphlets are available for distribution as needed.
7. Consider contacting other Peer Support Team members for additional logistical support.

8.0 PROCEDURE FOR PARTICIPATING IN A DEFUSING OR DEBRIEFING

8.1 Peer Support Team members

1. Conduct the one-on-one, defusing or debriefing in accordance with recognized CISM standards and practices.
2. Keep the discussions flowing.
3. Immediately stop any operational criticism or critique by participants.
4. Leave time for individual contact following defusing or debriefings.
5. Following any intervention, allow for Peer Support Team member debriefing.
6. Follow up as needed with those involved within one month after the intervention.

8.2 Participants

1. Turn off radios.
2. Remain out-of-service for duration.
3. Mute pagers and cell phones.
4. Speak only for yourself, not for others.
5. Remember that what you have to say about your own reactions may be exactly what another participant needs to hear.
6. Do not tell war stories.
7. Do not take notes.
8. Do not break confidentiality at any time after the defusing/debriefing.

Approved by:

Signature on file at Headquarters

_____ _____

Tory Green
Deputy Chief of Administration

Policy due for update: 01/2022

CPFR Behavioral Health Program

The participants were picked before I took the project over. It was done with an e-mail soliciting interest. If I were to do it again, I would e-mail the department and ask them who would they think would be a good PEER. I think it is critical to have people that the employees want to have as PEERs. After I got the list, I would contact those people and essentially say your "peers" think you would make a great PEER would you be willing to help? I discussed the team size with the Chief. We based it off his past experience along with a bit of guessing and looking at the budget as well.

CPFR has 14 PEERs.

- 9 on shift: there are 246 FF's on shift. (We will be adding 6 in 2019)
- 1 HR: who deals with the injured/sick firefighters. We felt it was important for her to be able to talk to and identify a FF who may need help.
- 1 Admin. Assistant: for the day staff and any others
- 1 Mechanic: very well-liked by the FF's and other mechanics
- 1 Chief (we have 17 Chief Officers)
- 1 Retired Firefighter

The idea was to have PEER's for different employee groups for them to have support. We also thought it was good to have some options in the department if a firefighter wanted to talk to someone at Central Pierce but not someone on shift due to stigma or whatever reason.

The initial training was done by the IAFF it is a two-day class along with a two-hour online course. The Local paid for this.

- We paid OT for the 9 FF's on shift to go or for back-fill approximately $9,800. The other members are on days or retired.
- We have four team meetings per year one of which is a Continuing Education Class. Meetings 2hrs, Training 6hrs. $7,020
- The cost of the instructor for the class was $1850 this was done by our MHP
- The MHP we work with charges $100.00/hr. for consultation work. He has yet to charge me for e-mails or quick questions, but I budgeted a few hundred dollars just in case.

The training was delivered to the crews during Battalion Training. This is a two-hour time frame for us with 4 units at each session. We did 12 sessions. We also put out the policy, guidebook, website and presentation to all firefighters who were off that day. We are using the Renton Fire Authorities website which is hosted by South King Co. Fire Training Consortium to provide additional information.

https://skcftc.elogiclearning.com/ Click on Health and Wellness, then PEER Support, at the top of the page click Central Pierce. This should take you to a page with all of our PEER's along with a picture, biography, personal phone and personal e-mail. This website was covered in the Battalion Training.

As far as the WAC 5.60.060 it talks about the Confidentiality of PEER Supporters and covers all of the conditions, see the PPT slide for specific language.

Adam Jackson
Assistant Chief-Health & Safety
Central Pierce Fire & Rescue

Bureau of Land Management – Critical Incident Stress Management Program

Peer Supporter Roles and Description

Who is a Peer Supporter?

A peer is an individual with a professional history, often having historic recognition for background and experience within the "culture" of the wildland fire community who has a willingness to assist others in times of crisis. Peers come from all different aspects of the wildland fire community and also include individuals from other disciplines within our agencies. The best peers are individuals who share the same backgrounds; i.e., engine personnel to engine personnel. A peer to a firefighter on a hotshot or veterans crew for example, would have substantial (and preferably current) experience on the fireline and within the hotshot/veterans crew community.

Peer supporters are members of a Critical Incident Peer Support Group (CIPS) and are a highly respected and trusted person from any of the different organizations or specific functions within the national fire program. A Peer Support Group member is who has volunteered to take the required International Critical Incident Stress Foundation (ICISF) training, has applied to the program, been screened and selected for their role. Peer supporters are trained to "listen and refer" and to provide crisis interventions services in coordination with a Mental Health Care Professional.

Critical Incident Peer Support

Peer relationships are built around a mutual understanding, respect and trust. Shared experiences, particularly those which have happened during wildland fire operations, bind individuals together. They are the foundation for peer support as they foster the initial trust and credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems despite concerns about stigma. Peer-to-peer programs facilitate opportunities for individuals to talk with trained peer supporters who can offer educational and social support and provided avenues for additional help if needed.

Experts believe that various techniques and processes used in Critical Incident Peer Support can help individuals improve their coping abilities and dramatically decrease the occurrence of Post - Traumatic Stress Disorder (PTSD), lower the tension and mitigate the group's reaction to a traumatic event. Wildland fire and aviation personnel suffering from such symptoms have shown to benefit significantly from Critical Incident Stress Management (CISM)

Training and Experience Requirements

- Successful completion of the International Critical Incident Stress Foundation's Assisting Individuals in Crisis Course.
- Successful completion of the International Critical Incident Stress Foundation's Assisting Groups in Crisis Course.

There are no "trainee" assignments per se for Peer Supporters. The CIPS Group Leader will take your experience level into account when making assignments and work with you to ensure you are successful in your position.

After no more than two years, peer support personnel are encouraged to attend the ICISF Advanced Training Course which includes a Peer Support Group Leader Module to enhance their effectiveness. Other ICISF courses are also available and required depending upon your position in the CISM program.

Continuing training is necessary to enhance problem-solving skills, provide a venue for group sharing, and allow for an exchange of experiences among program participants. Most initial training sessions last a minimum of three days to one week.

Peer Supporter Roles

- Assist the CIPS Group Leader and Clinician in providing Crisis Management Briefings, Defusing's, Debriefings, One-on-One Support and information sharing as directed.
- Assist the CIPS Group Leader and Clinician in setting up and organizing formal meetings (location, seating, refreshments, assembling resource information and literature to be available at debriefings, etc.).
- Be self-sufficient (Travel Card or Credit Card).
- For peers of fireline personnel, you are required to have all of your required PPE to meet with affected personnel on the fireline, in spike camps and other remote locations.
- Prior to the arrival of the CIPS Group Leader you may be called on to initiate contact with local managers and staff to explain the peer support program, gather information and coordinate logistics.
- Prior to the arrival of the CIPS Group Leader you may be called to meet informally with those affected or involved with the critical incident. You will be asked to estimate the number of persons involved, make a personal assessment to the CIPS Group Leader of the impacts on the local unit (and other units involved or affected) and prepare (answer process questions) that may be asked.

Peer Selection Criteria

- Able to deal with ambiguous situations.
- Area of expertise is Wildland Fire and Aviation and other disciplines.
- Red Card Qualifications.
- Ability to lead during adverse, chaotic and crisis situations.
- Possess and routinely applies analytical skills.
- Communicates is concise but caring manner.
- Decisive.
- Firm but flexible.
- Learns quickly and easily.
- Reputation as a "good listener."
- Observant of behavior and processes.
- Persuasive without being overbearing.
- Sensitive to nuances of situations of people.
- Consistently manages stress effectively.
- Able to identify teaching moments.
- Experience negotiating successfully.
- Able to recover quickly from change, misfortune, difficult times "buoyant."

Code of Ethics

Certified Peer Supporters will maintain high standards of personal conduct. Individual Peer Supporters must excuse themselves or the Critical Incident Stress Management Coordinator shall not designate or assign any peer supporter if the following conditions exist.

The Peer Supporter has:

- Played a significant role in the event.
- Has direct command or supervisory authority over any employee involved in the event.
- Close friends affected by the incident.
- Works with the affected group on a regular basis.
- The potential to become involved as any part of any internal investigative body.
- A close relative of any affected employee.

Peer Supporters will:

- At all times respect the rights and dignity of their Peer Support Group members and those they serve.
- Respect the privacy and confidentiality of those they serve.
- Not enter into dual relationships or commitments that conflict with the interests they serve or with either the position they are currently filling or their position with their agency of record.

Confidentiality

All CISM/CIPS personnel are required to maintain the highest levels of confidentiality and integrity. Those impacted by a traumatic/critical incident may find it difficult to open up and express themselves to those they do not trust, respect, or find credibility with.

All CISM program members must work to maintain themselves worthy of trust, both on assignment and in their professional day to day jobs. Peers who are trustworthy, and demonstrate integrity and respect in what they do are the key element to assisting individuals in crisis.

icisf

International Critical Incident Stress Foundation, Inc

APPENDIX M

TRAINING COMPENDIUM

Required training:

- Successful completion through either the International Association of Firefighters (IAFF), ~~the~~ International Critical Incident Stress Foundation (ICISF), or equivalent training as determined by the Oversight Board of:
  - Assisting Individuals in Crisis Course
  - Assisting Groups in Crisis Course
  - Suicide, Prevention, and Intervention

Recommended training for Team Leaders:

- Advanced Assisting Individuals (AdIN)
- Advanced Assisting Groups (AdGR)
- Suicide Postvention, Line of Duty Deaths
- Strategic Response to Crisis
- TEAM: Team Evolution and Management
- Individual training tracks for specific supporters such as Chaplains and Healthcare

- Train-the-trainer (all four classes combined: GRIN, AdIN, AdGR). Apply for travel and course fees through the Region 5 Training and Exercise Workgroup to travel to obtain certification.

Multi-Year Training Plan: Course Offerings

Attendees	Days	Course	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
80 (50 career + 30 volunteer)	3	Basic GRIN (Group + Individual)	X 80	X 30 - 80		X 30		X 30
50	2	Basic Group	X	X	X		X	
30-50	1	Suicide Prevention and Intervention	X	X	X	X	X	X
30	1	Suicide Postvention (Leadership)		X		X		X
30	2	Advanced Individual			X		X	
30	2	Advanced Group				X		X
30	2	Strategic Response to Crisis	As available regionally or nationally					
30	2	TEAM: Team Evolution and Management	As available regionally or nationally					

Basic Peer Support Training

- Active Listening Skills
- Problem Solving Skills
- Supportive Confrontation Skills
- Assessment and Referral Skills
- How to Deal with the Problems Associated with Traumatized Co-Workers
- Alcohol and Drug Abuse Issues
- Relationship Problems
- Children and Elderly Issues
- Resources Available for Peer Support

International Critical Incident Stress Foundation, Inc.

https://icisf.org/

ICISF Academy of Crisis Intervention – *More CISM than Peer Support / Comprehensive; multi-disciplined*

- ICISF is paid a 100.00 fee for each course
- Materials are 25.00 Per Participant. This includes resource book and certificate
- The course must be registered 30 days in advanced with ICISF

Assisting Individuals in Crisis and the Group Crisis Intervention courses
These two two-day classes can be combined into one three-day class called GRIN. GR for Group and IN for Individual

Course Description:

This 3-day course combines all of the content of ICISF's Assisting Individuals in Crisis & Group Crisis Intervention courses. Those attending all hours of class will earn 2 certificates. Designed to present the core elements of a comprehensive, systematic and multi-component crisis intervention curriculum. This course will prepare participants to understand a wide range of crisis intervention services for both the individual and for groups. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several crisis interventions for individuals and groups.

Program Highlights:

Psychological crisis and psychological crisis intervention; resistance, resiliency, recovery continuum; Critical Incident Stress Management; basic crisis communication techniques; common psychological and behavioral crisis reactions; SAFER-Revised model; suicide intervention; large and small group crisis interventions; Critical Incident Stress Debriefing.

Local ICISF Instructor Information

Chaplain Russ Peters
Chaplain Peters has over 20 years' experience in Crisis and Trauma Care and Intervention. He currently serves as the Lead Chaplain for the Tacoma Fire Department. Chaplain Peters is Senior Pastor of Church on the Hill in Bonney Lake, WA. Chaplain Peters has his Doctor of Ministry and is a Mental Health Professional Associate. Chaplain Peters is an approved ICISF Instructor and ASIST & ACE Suicide Prevention Instructor. russpeters14@gmail.com

Chaplain Larry Dorothy
Chaplain Dorothy has been Senior Pastor of Home Spun Ministries in Eatonville, WA since 2001. Chaplain Dorothy has served as Senior Chaplain for South Pierce Fire & Rescue for six years as well as Program Manager and CERT Instructor for South Pierce Fire and Rescue. Chaplain Dorothy is an approved ICISF Instructor. ldorothy@spfr.org

ICISF Course Descriptions

Descriptions for ALL courses offered through ICISF.

- For more information on participating in courses right from your home or work, learn more about our Online Courses.
- For more information on attending trainings, learn more about our Regional Trainings or Approved Instructors.
- For more information on requesting training for your organization or group, click here for our Speakers Bureau program information.

- Advanced Assisting Individuals in Crisis
- Advanced Group Crisis Intervention
- Assaulted Staff Action Program(ASAP): Coping with the Psychological Aftermath of Violence
- Assisting Individuals in Crisis
- Assisting Individuals in Crisis & Group Crisis Intervention
- Behavioral Aspects of Integrated Community Para-medicine
- Behavioral Emergencies: Survival Strategies for Emergency Services and Counselors
- Best Training Practices for the CISM Instructor
- Building Skills for Crisis Intervention Teams
- CISM Application with Children
- CISM Applications with Air Medical, Critical Care Transport and Airborne Law Enforcement
- CISM: Practical Review and Update
- CISM: When Disaster Strikes: Linking Emergency Management with Stress Management
- Compassion Fatigue
- Comprehensive Crisis Preparation and Response for the Workplace
- Corporate Crisis Response
- Critical Incidents in Places of Worship- Providing Effective Crisis Support
- Domestic Terrorism and Weapons of Mass Destruction: A CISM Perspective
- Emotional and Spiritual Care in Disasters
- Ethics For Traumatologists
- From Battlefield to Street: One Uniform to Another
- From Trauma to Addictions
- Grant writing: A Management Strategy
- Grief Following Trauma
- Group Crisis Intervention
- Healing Ways: Group Crisis Interventions for Indigenous Peoples
- Law Enforcement Perspectives for CISM Enhancement
- Left of Bang: Front End Planning for CISM
- Line of Duty Death: Preparing the Best for the Worst
- Managing School Crises: From Theory to Application
- Pastoral Crisis Intervention
- Pastoral Crisis Intervention I & II
- Pastoral Crisis Intervention II
- Preventing Youth Violence
- Psychology of Terrorism and Psychological Counter-Terrorism
- Psychotraumatology: A Cognitive Therapeutic Approach
- Resilience in Healthcare: Performance, Meaning and Connection
- Resilience Training: Psychological Survival Skills for Before, During & After Crises
- Responding to School Crises: A Multi-Component Crisis Intervention Approach
- Spiritual and Psychological First Aid
- Staff Support in the Healthcare Setting
- Strategic Response to Crisis
- Stress and the Responder's Family CISM Skills for Family Crisis Intervention
- Stress Management for the Trauma Service Provider
- Suicide Awareness: An Introduction for Crisis Responders
- Suicide Prevention, Intervention, and Postvention
- Survival Skills for the First Responder
- TEAM: Team Evolution and Management
- Techniques for Delivering Bad News for Crisis Response Personnel
- Terrorism: Psychological Impact and Implications

- Thought Field Therapy
- Treatment of Complex PTSD
- Understanding Human Violence: Survival Information for Emergency Services and Counselors
- Understanding Suicide: Effective Tools for Prevention, Intervention and Survivor Support
- Understanding Uniformed Services Family Stress
- Working With Victims of Individual and Mass Crimes
- Workplace Violence

ICISF Regional Training Calendar: https://icisf.org/sections/education-training/regional-trainings/

Scholarships available to cover course fees and materials; travel, accommodations, and per diem will need to be covered

International Association of Firefighter (IAFF) Peer Support Training

More Peer Support than CISM

Information Guide http://client.prod.iaff.org/#contentid=40484

Curriculum

To lay a foundation for the IAFF Peer Support Training, participants must complete the online IAFF Behavioral Health Awareness Course. The two-hour course is self-paced and tailored for the fire service. A link will be emailed to participants in advance so that they can complete the course prior to the live training.

Subsequently, members participate in the two-day interactive course taught by experienced peers from the fire service and behavioral health clinicians. The IAFF Peer Support Training curriculum focuses on active listening skills, suicide awareness and prevention, crisis intervention, referrals to local resources and relationships with local behavioral health providers. Participants also learn how to build an effective peer program.

Instructors use small group learning methods and skill-building exercises to encourage student participation and mastery of the material.

The Peer Support Training fee is a fixed payment of $9,000 for a maximum of 30 participants (i.e., $300/per person).

National Fallen Firefighter Foundation

https://www.everyonegoeshome.com/2017/12/21/behavioral-health-management/

Manager's Guide to Suicide Intervention, Postvention, and Prevention
National Wildland Fire CISM Program

https://gacc.nifc.gov/cism/documents/suicideintervention.pdf

Fire Service Behavioral Health Management Guide

http://www.everyonegoeshome.com/wp-content/uploads/sites/2/2017/12/behavioral-health-mgmt-guide-122017.pdf

Mental Health America (MHA)– CHI Franciscan & MultiCare

https://www.mentalhealthamerica.net/mental-health-first-aid

Mental Health First Aid, Phycological First Aid, Safe for Now, Stress First Aid

Public Safety Peer Support Association (PSPSA)

November 5th – 8th 2019
Paradise Point Resort & Spa | 1404 Vacation Road | San Diego, CA 92109
Webinars, training, presenter information at www.pspsa.org
Conference Registration: $470
Will also need to cover travel, hotel & food costs

Behind the Badge

http://thepainbehindthebadge.com/

The *Winning the Battle* Seminar is presented by Clarke and Tracie Paris and was created to bridge the gap that exists between law enforcement officers and the help that is currently provided by their respective agencies. Clarke is the Creator/Producer of The Pain Behind the Badge Film and has 27 years of experience as a police officer. Tracie has been a Registered Nurse for 29 years and has experience in E.R./Trauma and Ambulatory Care. Clarke is the Creator/Producer of the award-winning documentary film on police stress/suicide, ***"The Pain Behind the Badge"***. In 2007, Clarke also authored a book on the same topic, "*My Life For Your Life*"—required reading for students enrolled in the Law Enforcement Program at Minnesota State University, Mankato. Clarke retired from the Las Vegas Metropolitan Police Department after 27 years of service as a police officer (19 as a supervisor). Tracie Paris has been a Registered Nurse for the past 29 years. She has worked as a Trauma/ER Nurse, Outpatient Surgery Nurse and Charge Nurse. Clarke and Tracie have traveled the nation and overseas presenting The *Winning the Battle* seminar to thousands of police officers, military personnel, and their spouses.

The *Winning the Battle* seminar uses audio recordings, video clips, brain images, surveillance video, and two dynamic speakers who relate directly to the attendees. With a combined experience of nearly 5 decades in the First Responder/Trauma Field, Clarke and Tracie are able to present the issue at hand in a manner that has never before been done. For information on upcoming seminars, contact us at training@thepainbehindthebadge.com or call us at: 702-573-4263.

While our *Winning the Battle* training seminar was initially designed to help Police Officers, it is now also tailored to help ALL First Responders, firefighters, EMT/Ambulatory personnel and Federal Officers to deal with the struggles associated with their work, cumulative stress, and post-traumatic stress disorder (PTSD) among others.

Law Enforcement Family Network Conference – Hosted by Behind the Badge

- 3 Days / Traditionally the first weekend in October in WA State
- Conference is free, participants are responsible for their travel costs.

Traumas of Law Enforcement (TLE) – Hosted by Concerns of Police Survivors

3 Days / Several offered throughout the year at different locations around the country
Upon conclusion of this training, the participants will have information about:

- How an agency's response to tragedy directly affects the level of distress of their officers and surviving family members.
- How an individual officer's pre-planning may directly affect the public safety officer benefit their family may receive in the event of their line-of-duty death.
- How an officer can successfully navigate the cumulative stress caused by experiencing critical incidents throughout a law enforcement career and how their agency can assist with this.

- The warning signs and symptoms of Police Suicide.

Firefighter Behavioral Health Alliance

http://www.ffbha.org/
http://www.ffbha.org/workshops/workshops-offered/

Saving Those Who Save Others

An in-depth FF/EMT suicide prevention/awareness course designed to educate attendees on warning signs/symptoms, communications, emotional and physical behaviors.
4-hour workshop —Includes scenarios and role play.
$1,200 per workshop (Max 35 Attendees)

Saving Those Who Save Others

A FF/EMT suicide prevention/awareness course designed to educate attendees on warning signs/symptoms, communications, emotional and physical behaviors.
2-hour workshop
$600 per workshop (No Max)

Saving Those Who Save Others – Family Edition

A course designed to assist fire department and EMS spouses and partners to understand the life they live and why their spouse/partner acts the way they do. This course addresses signs/symptoms, behaviors, cultural brainwashing. Addictions, PTS and suicide among the ranks
2-hour workshop
$600 per workshop (No Max)

An Internal Size-Up

An in-depth FF/EMT behavioral health workshop dedicated to educating attendees on the awareness of stress, anxiety, PTSD, addictions, depression, anger and addressed suicide and retirement.
4-hour workshop —Includes scenarios and role play.
$1,200 per workshop (Max 35 Attendees)

An Internal Size-Up

An in-depth FF/EMT behavioral health workshop dedicated to educating attendees on the awareness of stress, anxiety, PTSD, addictions, depression, anger, suicide and retirement.
2-hour workshop
$600 per workshop (No Max)

Saying Goodbye: An Emotional Detachment

This course is designed to prepare fire and EMS personnel about the emotional aspects of retirement. This includes loss of identity, loss of belonging and lack of purpose.
2-hour workshop
Instructor: Jeff Dill (only)
$600 per workshop

Behavioral Health Program Development

A course designed to assist fire departments and EMS organizations in creating procedures to develop a behavioral health program.
2-hour workshop
Instructor: Jeff Dill (only)
$600 per workshop

A Firefighter's Life for Medical Professionals & Chaplains

Presented to Professional Clinicians, Psychologists, Psychiatrists, Doctors, Social Workers, Marriage Counselors, Chaplains and those dedicated to helping firefighters. This course is designed to educate about the culture of firefighters, myths and beliefs of behavioral health and the mentality of being a firefighter. An emphasis of the workshop is placed on the education of basic terminology, understanding emotional and physical stressors, addictions, suicide information, role-play, group discussion, search & rescue exercise and question/answer session with the instructor.

4-hour workshop —Includes scenarios, role play and a search & rescue exercise

$1,200 per workshop (Max 20 Attendees)