

Kentucky Public Safety Peer Support Best Practices Report



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Introduction and Background

The **Kentucky Public Safety Peer Support Best Practices Report** provides standards for peer support services that utilize best practices, research, and experience from established public safety peer support programs. The purpose of this report is to create best practices and professional standards for the formation of peer support programs for public safety agencies, highlight existing programs of peer support available to public safety employees across the state, and share available resources. This report provides guidance for the development of public safety peer support programs for public agencies and includes sections on confidentiality, ethical standards, and protocols, and provides recommendations for trainings, certification, and continuing education for public safety peer support specialists. It was developed through a trauma-informed and resilience-oriented framework of equity, respect, choice, and focused on evidence-based policies, practices, and programs. It is designed to help ensure that Kentucky's public safety employees have safe, productive, and rewarding careers as they serve their communities and the commonwealth.

There are times when even the best prepared, seasoned, mature public safety employee, or group of members experience a critical incident that has a significant, debilitating impact on them in the physical, emotional, cognitive, spiritual, or behavioral realm, or a combination of these. These are known as critical incidents. There is an entire realm of behavioral health dedicated to mitigating the negative effects of critical incidents known as Critical Incident Stress Management (CISM). The three main components of CISM are pre-incident education, intervention, professional support.

While every vocation has its share of negative stress, law enforcement officers, firefighters, emergency medical technicians/paramedics, and E911 telecommunicators (public safety employees) experience harmful stressors daily. Some incidents or events encountered during the typical workday may cause permanent, life altering impacts. Stress management has been identified as a critical component of providing public safety employees with the knowledge and support necessary to be aware of and manage, in healthy ways, the cumulative and acute stress of the profession. Formal support begins in the form of a stress management orientation or instruction in the employee training phase as well as having a chaplain and/or employee wellness program available to members. The next level involves creating formal or informal mentor/mentee (one-to-one) support. When additional support is needed, formal and trained peer support teams can provide additional resources. When a peer support member recognizes an individual needs more professional support, referral can be made to a vetted behavioral health* professional that specializes in assisting law enforcement officers, firefighters, emergency medical technicians, and telecommunicators.

This report is intended to provide guidelines for best practices with links to resources with more information for designing a peer support program. It is intended to be wide reaching so that that the practices shared can be used by many different disciplines, with links to sample procedures and policies.

The term **behavioral health referenced throughout this report, includes the emotions and behaviors that affect overall well-being. Behavioral health is sometimes called mental health and, in this document, also includes substance use.*



What is Peer Support?

Peer support for public safety employees is the provision of emotional support by individuals who share similar experiences with the individual who has experienced a trauma and/or crisis. The services offered encompass a wide range of care. Peer support specialists, as referenced in this report, are not behavioral health clinicians and are not certified under current statutory peer support specialist training requirements that apply to individuals working within the behavioral health system. Peer support for public safety employees as described in this report includes pre-intervention education, interventions, and referral to professional care as needed by the public safety employee. Subject matter

experts recommend the use of the [Critical Incident Stress Management \(CISM\) Model](#), which encompasses all levels of the services provided.

In the context of this report, peer support specialists are those colleagues who have experienced many of the same traumatic critical incidents and have been trained to recognize signs and symptoms of distress among their peers and provide help to others in their profession. Services can be provided immediately after a critical incident or at any time an employee shows the need. Peer support specialists are trained to recognize when an employee should be referred to a mental health clinician for more complex treatment. A peer support program should enhance existing employee wellness programs and psychological services, but not replace them.

Peer support can also be utilized as the first level of contact for first responders after a critical incident. The triage process allows participants to debrief and defuse the emotions they are experiencing as a reaction to the incident with trained peers who understand from first-hand experience. Peer support programs should be the first step in employee assistance coupled with further services from an employee wellness program if available and the staff member feels comfortable utilizing their services and other employee health benefits. Kentucky House Bill 562 enacted in the 2022 Regular Session allows first responders to take 48 hours of leave after being involved in a critical incident. Providing responders with peer support during this time and upon their return to work can be a critical first step in ensuring they seek the help they need.

Kentucky Revised Statue 65.1591 defines "peer support participant" as a public safety employee who receives services from a peer support specialist. **"Peer support specialist" is a public safety employee designated by the public agency to provide peer support counseling who has received training in both peer support counseling and in providing emotional and moral support to public safety employees who have been in or exposed to an emotionally traumatic experience in the course of employment.** "Public safety employee" means an individual employed by a public agency who serves as first responder in hazardous and potentially life-threatening situations, such as a law enforcement officer; firefighter, whether paid or unpaid; telecommunicator; emergency medical services provider; emergency management professional; or coroner. Public safety peer support specialists are not certified, nor are they licensed to provide individual or group therapy services. There should, however, be a credentialing process that ensures they've received appropriate training, passed background checks, and are aware of available resources to ensure they have the skills to support their colleagues.

"A peer support person (PSP), sworn or civilian, is a specifically trained colleague, not a counselor or therapist. A peer support person is trained to provide both day-to-day emotional support for department employees as well as to participate in a department's comprehensive response to critical incidents. PSPs are trained to recognize and refer cases that require professional intervention or are beyond their scope of training to a licensed mental health professional."

International Association of Chiefs of Police (IACP)²



Need for Public Safety Peer Support

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), public safety employees, also commonly referred to as first responders, are at higher risk, compared to the general population, for psychological harm from the inherent traumatic incidents faced at work. “High-stress scenarios, threat of personal injury, and inability of any single person to save everyone can take a toll.”ⁱ Public safety employees frequently respond to such critical incidents as abuse, neglect, death, suicide, and other traumatic events, and some may benefit from support to manage the stress that results from these types of situations. In recent years, Kentucky has experienced several natural disasters and mass casualty events that also highlight the needs for these services.

Research published in the *International Journal for Environmental and Public Health* shows that 60% of police officers reported being involved in **five or more** critical incidents within the last year, and 75% reported a critical incident in the last month.ⁱⁱ Additionally, 90% of firefighters reported a critical incident during the year, with an average of six over the course of a year. This increased exposure to traumatic events puts first responders at higher risk for developing symptoms of anxiety, depression, substance use disorders, post-traumatic stress disorder, as well as experiencing suicidal ideation and attempting suicide.

In addition to being at higher risk for developing post-traumatic stress disorder, first responders have a high likelihood of experiencing secondary traumatic stress or compassion fatigue. Secondary traumatic stress in first responders can present as emotional exhaustion, depersonalization, lack of motivation, and emotional numbing behaviors.ⁱⁱⁱ

Often there are barriers to seeking behavioral health services within the culture of public safety programs. In a 2020 survey of first responders, researchers found that the main barriers to accessing help were fear of appearing weak, fear of a confidentiality breach, lack of information, and negative experiences with therapy. When first responders were asked their biggest motivation for seeking help, they answered that reading another responder’s personal account or talking to a peer is especially helpful and affirming. “Knowing that other people are there dealing with that same stuff. You can bounce ideas off each other, see what’s worked in their situations and what hasn’t.”^{iv}

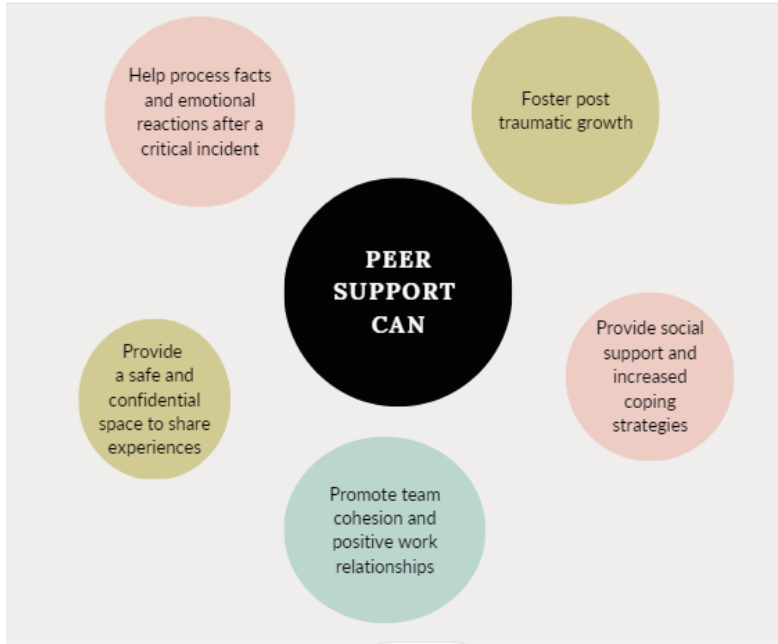
Providing trained teams of peer support specialists who understand and empathize with shared experience is a powerful tool to help reduce stigma surrounding mental health services, provide greater access to care, create a more supportive organizational structure, and ensure a healthier workforce. According to the National Association for Mental Illness ([NAMI](#)), peer support among emergency service personnel is critical in the delivery of behavioral health services and ensures first responders don’t feel as alone in their experience while also increasing their readiness to respond to critical incidents in their communities.



Benefits of Public Safety Peer Support Programs

Peer support programs provide multiple benefits for public safety employees in “professions in which people typically have not talked much about their feelings about their work, particularly their distress”.^v Evidence-informed research shows that peer support programs have positive benefits for public safety employees and can normalize mental health challenges, promote socialization, and reduce feelings of isolation and alienation. Having a trusted peer to confide in fosters hope and recovery and helps responders learn improved stress management techniques, coping skills, and address the issues of cumulative stress.

“The Value of Peer Support for First Responders” outlines the positive benefits of peer support programs. Studies that have investigated the benefits of peer support have found that peer support can help in many areas (see box below).^{vi}



Well-designed peer support programs can enhance coping skills, improve resilience, and create opportunities for employee engagement, promoting a better understanding of mental health issues and services within an organization. Establishing a peer support program can enhance recruitment and retention efforts as a part of an overall wellness program for employees.

Peer support programs can also result in a financial cost benefit for the agency. When trained and experienced first responders are unable to work due to mental health issues, a financial burden is placed on departmental budgets. Additionally, the cost of replacing lost members with new members involves initial certification training and probationary time. There is a cost savings in having a healthy, fully functioning workforce.



Establishing a Public Safety Peer Support Program

A peer support program should provide a shared experience, trusted communication, encouragement, basic [Psychological First Aid](#), understanding of critical incidents, and resources for accessing a higher level of support if needed. It is important to establish a partnership between leadership and employees to provide adequate training of peer support specialists. There are five core components to consider when establishing a peer support program: research and development, program design, implementation, maintenance, and evaluation.



Step 1 - Research and Development to Determine Organizational Readiness

Conducting a Needs Assessment

Gathering information from stakeholders and seeking input from personnel can provide important information for planning a peer support program. When conducting a needs assessment, develop a list of internal and external stakeholders, create a survey of all employees and other stakeholders to measure buy-in for a peer support program, and ask questions gauging perceptions about peer support.

Examples of Stakeholders

*Director
Supervisors
Agency head
Individual public safety employee
Community leaders
Behavioral health service providers
First responder families*

Determine if there is enough leadership and employee support to make the program successful and if there is enough staff capacity to recruit and train peer support specialists internally. Create a realistic budget that projects the costs of training, overtime pay, training costs, and materials needed. The projected budget will help determine if the initiative can be supported internally or if outside funding sources will need to be secured.

Consider the size of your agency when developing the model for a peer support program. Larger organizations may already have overall wellness programs in place that a peer support program could complement, while smaller agencies may need to look for organizations with which to partner, such as the Kentucky Community Crisis Response Team (KCCRT). The [KCCRT](#) is a multi-disciplinary, trained team of emergency service workers and mental health professionals who volunteer their time to assist peers who encounter a critical incident. KCCRT has peer members from all the emergency services disciplines, hospital emergency medical personnel, public schools, and a variety of non-emergency organizations and services. The KCCRT can be requested at no charge to the requesting agency 24/7/365 via a toll-free number answered by the state Emergency Operations Center (EOC) Duty Officer.

BUDGET

Create a realistic budget that projects the costs of training, overtime pay, training costs, and materials needed.

Line items to consider include:

Overtime costs or other compensation for peer support team members

Training costs – while some trainings are free, others will require funding for trainers, supplies, and certifications

Materials, which can include brochures about the program, and supplies for peer support team members

Travel expenses

Step 2 - Design the Peer Support Program

Develop protocols and procedures

One of the first steps in designing a peer support program is to create a strong mission statement and vision for the program. Having a clearly defined mission statement will help the development of protocols, policies, and standard operating procedures. Listed below are areas where strong policies should be developed (examples of these policies are located at <https://kccrt.ky.gov/peer-support/Pages/default.aspx>):

- *Definition of peer support including mission statement and vision.*

- *Budget based on anticipated expenses discovered in the research process making sure to allow funding for staff and administrative support, overtime, trainings, and any support materials.*
- *Memoranda of understanding – consider if any memoranda of understanding are necessary in partnership with other organizations, such as local community mental health centers that can provide training and clinical support if needed.*
- *Privacy and confidentiality (See report section on confidentiality)*
- *Exceptions to confidentiality*
- *Peer support confidentiality agreement*
- *Confidentiality statement*
- *Overtime policies for peer support specialists*
- *Referral policy for further mental health services*
- *Conflict of interest statement for peer support specialist*
- *Criteria and process for selection of peer support specialist that include interview process, criteria for selection, and deselection. Public safety employers seeking a credentialed peer support program may make use of the KCCRT process. This process includes an application, background check, interview process, and training and continuing education requirements (for full credentialing process see <https://kccrt.ky.gov/crt/Pages/team-membership.aspx>)*
- *Roles and responsibilities of peer support specialists*
- *Formal procedures of activation of and de-activation of the team*
- *Media policy*

Establish selection criteria for peer support specialists

One of the keys to a successful peer support program is carefully identifying and selecting the team coordinator and peer support specialists. All peer support members should be compassionate, ethical, well respected, and understand the importance of confidentiality. The team may include a chaplain and may have access to behavioral health professionals from the community to provide debriefings, clinical support, and consultation.

Selection of peer support specialists with the right experience and skills is essential. Developing an application and interview process will help identify the best individuals for this team. For the interview process, determine who will conduct the interviews, and identify the questions to gauge an applicant's credentials including their education and training, personal qualities of sound judgement, maturity, and self-awareness of typical trauma responses to critical incidents. Applicants should be in good standing with the organization and have recommendations from peers and outside sources.

In addition to establishing a selection criterion for peer support members, establish a deselection process in case a member needs a break from services or needs to be removed from the team due to a breach in confidentiality, not meeting ongoing continuing education and training, or other violations that would be detrimental to their continuation with the program.

Peer support models and interventions

Using feedback from stakeholder and employee interviews, and from the needs assessment, consider the type of peer support program that is best for your organization. Will the organization have one-on-one support or use mobile apps or other technology? What types of interventions will be used? Establish definitions and protocols for peer-to-peer support by specific profession.

There are multiple models from which to build interventions and trainings. After reviewing the evidence of effectiveness, select the model which best fits your organization.

“Listen and refer”

Peers in these teams provide a first point of contact and can then refer to appropriate professional counseling services. Peers receive training in basic listening skills, problem solving, and decision making. Peers do not provide a counseling service but will connect employees with the appropriate specialist services within the community.

Basic crisis intervention

Peers provide basic short-term crisis intervention and are trained in stress management and crisis intervention. Peers also refer employees to professional counselors, but less emphasis is given to this approach than for peers who “listen and refer”.

Self-help groups

Self-help groups consist of fellow workers who have all experienced a particular kind of extreme traumatic situation, such as being in an officer-involved shooting.

Family support

Family support offers specific services in support of the emergency service worker's primary support system, their family, and significant other(s). The family is an important source of support when a critical incident stress event occurs. The peer support team should play an active role in pre-incident education and family support service needs.

Critical Incident Stress Management (CISM)

The Critical Incident Stress Management (CISM) SAFER-R model commonly used in peer support programs is highlighted below. This is the model used for the KCCRT peer support specialists to begin assessing the needs of individuals impacted by a catastrophe.

Critical Incident Stress Management (CISM) SAFER-R Model

Originally developed for use with law enforcement, the SAFER-R model is a step-by-step model for working with individuals in crisis.

Stabilize (introduction; meet basic needs; mitigate acute stressors)

Acknowledge the crisis (event, reactions)

Facilitate understanding (normalization)

Encourage effective coping (mechanisms of action)

Recovery or Referral (facilitate access to continued care)

Plan for the specific type of interventions that peer support specialists will use and develop these into training plans. Different interventions are recommended for different groups and incidents. Some interventions should only be used if a group is homogeneous, or all participants have similar exposure to the traumas. Other interventions may be more appropriate for a mixed audience when participants represent different exposure levels (on-scene and telecommunicators, for example). Creating a guide of interventions and when they should be used will provide a helpful tool to the peer support specialist and will support the determination of the most effective tool to be utilized in the presenting situation.

Example of interventions that could be considered for inclusion in the intervention plan:

Informational briefing – anytime post crisis

Audience: any number of people, but should include at least three participants

Duration: 20-30 minutes

Format: Update attendees on facts, sharing condition of injured, providing overview of steps being taken by the agency due to the incident, identifying when updates will be given; reviewing common stress reactions, identifying referral options; offering one-to-one sessions, and sharing coping/stress management skills. Best used in large community groups.

Defusing – 1-12 hours post crisis

Audience: small, homogeneous group of first responders with similar exposure level to the incident

Duration: 20-45 minutes

Format: Introduction and explanation of the process, exploration of the situation, including asking what happened from their viewpoint, summarizing their exploration, normalizing their response, teaching multiple stress management skills, encouraging healthy activities, and providing additional handouts and referral information.

Debriefing – 1-10 days after critical incident

Audience: first responders

Duration: 1-3 hours

Format: Summary of the incident with each participant sharing their thoughts, impressions, reactions, and feelings with a discussion on coping skills and stress management as well as resource sharing and referrals.

One-to-Ones

Led by a peer support specialist in a private space with an opportunity for participants to confidentially discuss reactions to the incident and receive information on stress management, coping skills, and resources for referrals.

Step 3 - Program Implementation

Solid program implementation is built on a strong infrastructure of planning, policies, and buy-in from leadership and participants. It is important to have clear and consistent messaging from the onset of program development that addresses the stigma surrounding help-seeking after a crisis or traumatic situation. Program success is contingent on employees believing that participation in the peer support program won't be noted in their personnel file or on any employee evaluation. Clearly defined protocols for requesting assistance are a key component of a strong program marketing plan. Organizations should host informational sessions for employees explaining the program and emphasizing the confidential nature of all services and include information in human resources materials and new employee onboarding information.

Another vital aspect for program success is a plan and supports for those serving as peer support specialists. Ensuring they are aware of resources available to them if they need support, such as agency wellness staff who have been trained to provide trauma informed and culturally responsive supports for public safety employees.

Step 4 - Maintenance

Establishing a plan for sustainability that ensures policies and procedures are ingrained in the organization, quality measured, and outcomes monitored, will help the peer support program achieve the mission and have longevity. Develop an advisory board to monitor goals and outcomes and create and maintain a sustainability plan.

A sustainability plan should have annual audits of finances and policies and include anonymous feedback from participants and peer support specialists. Continuity planning helps sustain the peer support program through leadership and personnel changes. Re-evaluate the program quarterly and modify as necessary. If the program is not having the desired impact, take that opportunity to expand the scope of services or shift course.

Step 5 - Evaluation

Monitor policies on activation and deactivation of peer teams, overtime incurred, referral processes, and communication plans to see if these policies are benefiting the program or need to be altered. Conduct reoccurring meetings with peer team members to confirm policies are working and determine if adjustments need to be made as the program evolves.

While developing the peer support program, put measures in place to support and periodically assess the psychological well-being of peer support specialists. As stress and trauma are cumulative, serving as a peer support specialist in a first responder agency can quickly compound the impacts of traumatic events and daily stress. Identifying and providing access to resources is vital to ensure the readiness to respond among these first responders, as well as to support their continued support of their colleagues. In addition to providing access to available resources, it's important to include information regarding these resources in the program orientation and application process and build questions into program evaluations to gauge if peer support specialists understand where they can seek for resources and help. Tapping into similar programs in partner agencies can also ensure that your peer support specialists have a safe place to turn should they need someone outside their agencies with whom to talk.

Data to illustrate success is necessary to demonstrate the value of the program. Create a data collection system that ensures the confidential nature of the work. Data collection policies should be established and stress that only de-identified, process measures be collected. Neither the peer support specialist nor the employee receiving services should be identified in collected data. Collect data that identifies usage of the team and outcomes to guide decision making, adjust training content, ensure availability of the program, and identify if additional resources are needed. It is critical in the tracking and data collection that no information discussed during the peer support intervention is recorded.

Develop an evaluation system for peer support team members. Create an after-action report template for peer support team members to analyze how well the intervention went and ways to improve in the future. Evaluation surveys should be confidential and assess the effectiveness of the intervention, preparation of team members, adequacy of staffing and other resources, and opportunities for improvement. Also, develop an employee evaluation for the peer support team members and establish a timeline for when, how, and who will evaluate the members.



Operation of a Public Safety Peer Support Program

Ethical Standards

Because of the highly sensitive nature of the work of peer support programs, it is important to have clear ethical standards for the operation of the program and implementation by the peer support specialists. The first and foremost rule of peer support should be “do no harm”. Listed below are other defining factors that should go into any peer support program development:

- Provide a safe, comfortable, and neutral meeting space without leadership present. This includes county or city officials.
- Consider religious preferences and sensitivities. If a person brings up faith, listen with compassion and patience, affirm their values, and focus on stabilizing and normalizing the situation. Peer support meetings are not the time to discuss theology or doctrinal differences.
- Have a clear understanding of when participation will be required or not required.
- Develop a clear [Conflict of Interest Policy and Statement](#) for peer support specialists.
- Make sure there are measures in place to support and periodically assess the psychological well-being of peer support specialists (see more information under Step 5).
- Create a method for reporting violations and sanctions.
- Develop a protocol that peer support team members cannot provide services for a critical incident in which they were involved.

Confidentiality

Policies regarding confidentiality should be developed for all peer support programs that are consistent with state and federal laws, as well as organizational policies.

Peer support team members should not keep formal written records of contacts with peers. Anonymous statistical information, such as number of peer-to-peer contacts, may be recorded to support deliverables, budget justification, and program review.

To ensure confidentiality and trust among responders and encourage engagement, create policies that determine the level of involvement needed from leadership during a session. Consider if leadership was involved in the critical incident and would benefit from support or if their presence may inhibit public safety employees from engaging openly. To maintain confidentiality, leadership should not request a report back from those who respond or receive services. Confidentiality should also be assured if an employee is referred to other services.

Training

Establishing requirements for trainings, continuing education, and recertification for peer support specialists is critical. Training guidelines list all required trainings, number of hours of training required, and timelines for

Sample Confidentiality Statement

Everything that is said during an intervention to a team member is confidential.

Team members will hold comments in the utmost confidence with the following exceptions:

- *If someone makes a statement of threat to harm themselves.*
- *To bring harm to another person; or*
- *Engage in a violent act.*

If this should occur, team members are required to report such statements or threats to the proper authorities. Additionally, we cannot guarantee that participants in this session will maintain confidentiality.

completion. In addition to training in active listening, stress management, and CISM techniques (or other model if utilized), peer support program team members should be trained in all policies and procedures of the program, including confidentiality, ethical standards, and referral for continued behavioral health services.

Peer support specialists should be knowledgeable in the following topics:

- Mental wellness and mental disorders
- Suicide
- Substance use disorder (SUD)
- Post-traumatic stress disorder (PTSD)
- Basic wellness

Develop a schedule for how often and how much continuing education a peer support specialist will complete to remain on the team. This education should focus on skills training, education on new resources, cultural responsiveness, and additional topics relevant to current events in the behavioral health field.

Establish minimum standards for training and continuing education. A suggested minimum training schedule could include the following suggested courses but can also be tailored to meet the needs of your organization (details and links to resource websites are included below):

- Course in Basic Peer Support
- Critical Incident Stress (CISM) Management
- Psychological First Aid
- Mental Health First Aid
- ASIST – Applied Suicide Intervention Skills
- Agency Specific Orientation which includes information on the roles and responsibilities of a peer support team member as well as privacy and confidentiality regulations

Examples of trainings to be considered are listed below, but trainings should be considered that best fit your program mission:

[Psychological First Aid \(PFA\)](#)

The National Child and Traumatic Stress Network (NCTSN) provides a free, online version, which includes a five-hour interactive course, that puts the participant in the role of a provider in a post-critical incident scene. This course is for individuals new to critical incident response who want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. PFA online also offers a learning community where participants can share about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training.

[Mental Health First Aid \(MHFA\)](#)

Mental Health First Aid is a skills-based training course that teaches participants how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training addresses skills needed to establish rapport and provide initial support to someone who may develop a mental health or substance use problem or experience a crisis. DBHDID supports the delivery of MHFA, and trainings can be provided through the department at no cost to the agency.

[Critical Incident Stress Management \(CISM\) International Critical Incident Stress Foundation \(ICISF\)](#)

Critical Incident Stress Management (CISM) is a model of peer support for supporting first responders and others who have been involved in critical incidents that leave them emotionally and/or physically affected by those incidents. CISM enables peers to help their peers understand problems that might occur after an event. This process also helps people prepare to continue to perform their services, or in some cases, return to a normal lifestyle.

The International Critical Stress Foundation provides CISM trainings at cost for individuals interested in becoming a part of a crisis management team or for an organization that is dedicated to helping individuals or groups recover from incidents. ICISF also offers other trainings courses online that could be used to supplement a peer support training program, including CISM Refreshers and Practice Scenarios on Critical Incident Stress Debriefing, Crisis Management Briefings (CMB), and Defusing.

[International Association for Firefighters \(IAFF\) Peer Support Training](#)

The IAFF Peer Support Training is delivered by IAFF master peer support instructors in two formats: 1) two days in person or 2) three days online. Both options require a fee, and more details on cost are found on the IAFF training [website](#).

After completing the training, members have been exposed to the knowledge and skills needed to provide support to their peers and have a basic understanding of common behavioral health issues affecting fire service professionals. As a result of participation in the training, they can serve as a bridge to community resources or behavioral health treatment when indicated and are able to build or enhance their peer support programs.

[Applied Suicide Intervention Skills Training \(ASIST\)](#)

ASIST training is an interactive workshop that teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that supports immediate safety. There is a cost for ASIST workshops that varies based on training sites. Visit this [website](#) for more details on sites and costs.

[QPR \(Question, Persuade, Refer\) Suicide Prevention Training](#)

QPR is a suicide prevention training for participants to be able to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide for help. DBHDID supports the delivery of QPR. Trainings can be provided through the department at no cost to the agency.

[Service to Self](#)

This one-hour online course is offered at no cost and is specifically designed for fire and emergency medical services personnel. Accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), the course addresses occupational stressors; mental health and substance use issues including depression, post-traumatic stress disorder, suicidality, and alcohol use; individual and organizational resilience; and healthy coping mechanisms including demonstrations of stress management techniques.

[Shield of Resilience](#)

This one-hour, online course is offered by SAMHSA Disaster and Technical Assistance Center (DTAC) at no cost. The training provides law enforcement officers with a foundational skill set to better understand and address the behavioral health stressors that are unique to law enforcement. It helps law enforcement officers learn to recognize signs and symptoms of stress, depression, post-traumatic stress disorder (PTSD), and suicidal thoughts and actions.

Existing Public Safety Peer Support Programs

Some larger police and fire agencies in the state have existing peer support programs. For smaller organizations thinking of starting a peer support program, there are groups that can help build capacity by assisting in a response. The KCCRT provides trained volunteers to respond after critical incidents for emergency services and community groups at no-cost.

[Kentucky Community Crisis Response Team](#)

The Kentucky Community Crisis Response Team (KCCRT) is a multi-disciplinary, trained team of dedicated emergency service workers and behavioral health professionals who volunteer their time to assist peers who encounter a critical incident. Team members are peer driven and guided by experts in CISM. KCCRT has peer members from all areas of emergency services work, schools, as well as organizations outside of the emergency services field. The KCCRT can be requested at no charge to the requesting agency 24/7/365 via a toll-free number answered by the state EOC Duty Officer.

KCCRT members volunteer their time to provide services. Disciplines include behavioral health, coroners, education, emergency management, faith communities, telecommunicators, fire, emergency medical services (EMS), hospice, law enforcement, massage therapists, medical, military, public health, and search and rescue (SAR). The KCCRT also has a specialized K9 Compassion Strike Team and a Coroners Strike Team to support families who must provide information to identify their loved one.

KCCRT services and responses are twofold:

1. KCCRT is activated by a Governor's Disaster Declaration in the case of natural or man-made disasters to provide psychological first aid.
2. KCCRT provides Rapid Assessment & Response Teams deployed on request to mitigate stress reactions to critical incidents and traumatic events.

[Kentucky Law Enforcement Assistance Program KY LEAP](#)

KYLEAP is the Kentucky Law Enforcement Assistance Program. It is a specialized peer support team within KCCRT. KYLEAP was founded to provide CISM services to law enforcement and telecommuters immediately following a critical incident to prevent the destructive effects of emotional trauma and job-related stress, and to accelerate recovery from critical incidents before stress reactions negatively impact an officer's performance, career, health, and family.

KYLEAP provides the entire spectrum of services, from pre-incident training, acute crisis response, and post-incident support to law enforcement officers across the commonwealth. KCCRT recruits, trains, and credentials experienced law enforcement professionals to be peer members of the statewide KYLEAP team. The team receives training in the delivery of multi-component CISM interventions, and suicide intervention and prevention training.

[Kentucky Emergency Services Peer Support \(KESPS\) team](#)

The Kentucky Emergency Services Peer Support (KESPS) team is a specialized peer support team of KCCRT that serves fire, EMS, telecommunicator, and SAR. KCCRT recruits, trains, and credentials experienced fire, EMS, and dispatch professionals to be peer members of the statewide KESPS team. KESPS provides the entire spectrum of services of pre-incident training, acute crisis response, and post-incident support to emergency services personnel (ESP) across the Commonwealth. KESPS team members provide CISM services during the acute phase following a critical incident to prevent the destructive effects of emotional trauma, job related stress, and accelerate recovery from critical incidents before stress reactions negatively impact an ESP's performance, career, health, and family.

KCCRT recruits, trains, and credentials experienced ESP professionals to become peer members of the statewide KESPS team. Team members receive training in providing multi-component CISM interventions and suicide awareness and assessment.

[Kentucky Department of Criminal Justice Training Post Critical Incident Seminar \(KYPCIS\)](#)

The Post-Critical Incident Seminar is a three-day seminar led by mental-health professionals trained to work with peace officers and telecommunicators guided by a team of law enforcement and telecommunicator peers who have experienced their own critical incident and have received CISM training. Mental-health professionals offer instruction on grief, relationships, medications, and stress management. Additional one-on-one therapy is available for those with an identified need. Peer law enforcement and telecommunicators team members instill trust, aid in breaking down stigma, and lead to officers and telecommunicators who typically would not seek help. This program is sponsored through the Kentucky Justice and Public Safety Cabinet and is offered at no cost to law enforcement officers and their significant others.

[Kentucky Department of Corrections Critical Incident Stress Debriefing CISD](#)

The Kentucky Department of Corrections, Critical Incident Debriefing Team focuses mostly on the Department of Corrections which includes adult institutions and all probation and parole office incidents but are not limited to county jails and halfway houses. The CISD is composed of a diverse group of approximately 60 correctional staff and supervisors around across the state. The CISD is overseen and activated by the Staff Wellness Branch of the Department of Corrections.

The CISD team provides debriefing and referral services after a “qualifying event”, which includes a workplace incident involving violence, death or serious physical injury involving one or more employees, inmates, offenders, or volunteers.

Appendix A: Resources

“10 Steps to Build Your Peer Support Program” The International Association of Firefighters

https://www.iaff.org/wp-content/uploads/2019/04/41972_How_to_Build_Your_Peer_Support_Program.pdf

The 2nd Alarm Project <https://2ndalarmproject.org>

Firefighter Behavioral Health Alliance <https://www.ffbha.org/>

First Responder Center for Excellence (FRCE)

<https://firstrespondercenter.org/resources/behavioral#sort=position&sortdir=desc>

Helping Firefighters <https://muscfhf.netlify.app/topics/stressful-events/whats-the-most-stressful-part-of-your-job-john-david-reindollar>

Illinois Firefighter Peer Support <https://www.ilffps.org/>

Implementing Peer Support Services in Small and Rural Law Enforcement Agencies

<https://cops.usdoj.gov/RIC/Publications/cops-w0987-pub.pdf>

International Association of Chiefs of Police <https://www.theiacp.org/>

Kentucky Community Crisis Response Team <https://kccrt.ky.gov/Pages/index.aspx>

National Center for Excellence in First Responder Health <https://firstrespondercenter.org/>

North Carolina Peer Support Network <http://www.ncffps.org/>

Peer Support Resources from NAMI: National Alliance on Mental Illness

<https://nami.org/Your-Journey/Frontline-Professionals/Public-Safety-Professionals/Peer-Support-Resources>

“Peer Support Standards and Training Guidelines” Minnesota League of Cities <https://www.lmc.org/ptsd-mental-health-toolkit/peer-support-standards-and-training/guidelines-for-practice-of-peer-support/#top>

“Peer Support Guidelines” IACP Police Psychological Services Section

[https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf#:~:text=1.2 These guidelines are intended to provide information,applied appropriately to each individual and agency situation.](https://www.theiacp.org/sites/default/files/2018-09/Psych-PeerSupportGuidelines.pdf#:~:text=1.2%20These%20guidelines%20are%20intended%20to%20provide%20information,applied%20appropriately%20to%20each%20individual%20and%20agency%20situation.)

Responder Peer Support SAMHSA <https://www.samhsa.gov/dtac/disaster-responders/peer-support>

“Sample Peer Support Policies” California Peer Support Association

<https://californiapeersupport.wildapricot.org/Resources/Documents/Sample%20Peer%20Support%20Policies.pdf>

Virginia First Responders Peer Support Services <https://www.vfrss.org/>

ⁱ 2018, May “First Responders: Behavioral Health Concerns, Emergency Response, and Trauma” *SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin*

ⁱⁱ Horan, Kristin A, Marks, Madeline, Ruiz, Jessica, Bowers, Clint, Cunningham, Annelise (2021, November) “Here for My Peer: The Future of First Responder Mental Health” *International Journal of Environmental Res Public Health*.

ⁱⁱⁱ Burnett, Harvey J (2017, Sept.) “Revisiting the Compassion Fatigue, Burnout, Compassion Satisfaction, and Resilience Connection Among CISM Responders” <https://journals.sagepub.com/doi/full/10.1177/2158244017730857>

^{iv} Jones, Sara, Agud, Katherine, and McSweeney, Jean (Vol. 26) “Barriers and Facilitators to Seeking Mental Health Care Among First Responders: “Removing the Darkness” *Journal of the American Psychiatric Nurses Association*
<https://pubmed.ncbi.nlm.nih.gov/31509058/>

^v 2018, May “First Responders: Behavioral Health Concerns, Emergency Response, and Trauma” *SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin*

^{vi} Haslem, Heather (2022, January) “The Value of Peer Support for First Responders” CASAT OnDemand