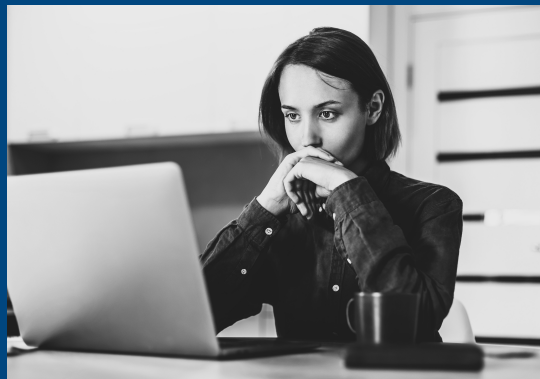
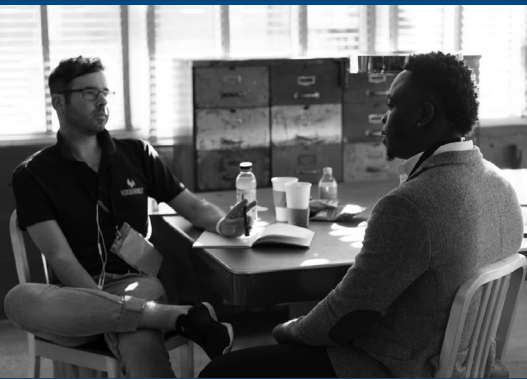




Community Supervision Peer Support Program Guidelines



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Disclaimer

This document was funded by the National Institute of Corrections, U.S. Department of Justice under cooperative agreement number 21CS20. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice. The National Institute of Corrections reserves the right to reproduce, publish, translate, or otherwise use and authorize others to publish and use all or any part of the copyrighted material contained in this publication.

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Acknowledgements

Developing the Community Supervision Peer Support Program Guidelines has been a tremendous undertaking, which would have been impossible but for the dedication and contributions of so many. First, we would like to thank the committee of volunteer practitioners and subject-matter experts who gave their time and expertise to develop the topics and materials contained in these guidelines. Second, we thank the peer reviewers who provided valuable feedback on this document. Our firm belief is that these guidelines will advance our field and promote the well-being of community supervision officers throughout the country.

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Developing these guidelines would not have been possible without the participation of the subject matter experts named below. We appreciate their guidance and the time invested in creating this document.

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Suggested Citation:
Kunkel, T. L., & Bryant,
K. (2022). *Community
supervision peer support
program guidelines*.
U.S. Department
of Justice, National
Institute of Corrections:
Washington, DC.

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Introduction

The *Community Supervision Peer Support Program Guidelines* were developed by community supervision leaders, front-line officers, and peer team support members operating peer support programs in community-based supervision agencies within the United States. The guidelines are intended to support community supervision agencies, including probation, parole, and pretrial service agencies, in creating and maintaining peer support programs. The guidelines reflect the commonly accepted practices within community-based supervision agencies at publication. The guidelines should be aligned with state-specific requirements (e.g., confidentiality laws and union contracts).

GUIDELINE 1:

Purpose and Scope of Peer Support Programs

Peer support programs allow all employees within an agency to receive emotional and tangible support during times of personal or professional crisis and proactively anticipate and address potential difficulties.

- 1.1. *Peer support programs use trained employees to provide support to fellow employees. Peer support team members provide employees with a safe space to express their feelings, discuss stressful situations and receive support and referrals for additional services.*
- 1.2. *Peer support programs augment but do not replace existing programs such as Employee Assistance Programs (EAPs) and/or professional counseling services.*

GUIDELINE 2:

Agency-Level Leadership and Governance of the Peer Support Program

The long-term success of a peer support program requires ongoing support and commitment from agency or departmental leadership. Establishing a steering committee during the planning stage of a peer support program to guide the development and implementation conveys agency-level support for the program.

- 2.1. *The steering committee comprises employees at all levels of the agency, including administrative staff, officers, supervisors, and, depending on the size of the agency or department, the director. Steering committee members are diverse in gender, race, ethnicity, age, tenure with the agency, and geographical work location (for multi-site agencies).*
- 2.2. *During the planning phase of a peer support program, the steering committee is responsible for establishing the written policies and procedures that govern the peer support program. The policies and procedures should, at a minimum, address key issues such as recruitment, selection, retention, separation, and training of peers in roles, boundaries, confidentiality, and data collection.*
- 2.3. *During the maintenance phase of a peer support program, the steering committee is responsible for regularly updating the written policies and procedures, reviewing de-identified data to monitor trends in program use, identifying new resources or training that may align with new and emerging employee issues, and marketing the peer support program to agency staff.*

GUIDELINE 3:

Peer Support Program Coordinator

A peer support program coordinator is designated to coordinate the Peer Support Program. The peer support program coordinator is responsible for administering the program, including assigning and supervising peer supporters to perform their duties associated with the support and referral program. Depending on the size and resources available to the agency, the peer support program coordinator position may be a full-time position, part-time responsibility, or duty built into an employee's workload.

Selection of the Peer Support Program Coordinator

- 3.1. *The peer support program coordinator is committed to the peer support program and employee wellness.*
- 3.2. *The peer support program coordinator demonstrates maturity, judgment, personal and professional ethics, and credibility.*
- 3.3. *The peer support program coordinator is a seasoned employee who has completed any probationary period of employment.*
- 3.4. *The peer support program coordinator position has written and defined selection criteria. These criteria may include, but are not limited to:*
 - 3.4.1. *Previous relevant education, training, and experience.*
 - 3.4.2. *Demonstration of desirable personal qualities, such as maturity, judgment, personal and professional ethics, and professional credibility.*
 - 3.4.3. *Demonstration of skills and competencies including superb communication and listening skills, strong interpersonal skills, demonstrated leadership ability, the ability to stay calm under pressure, the ability to maintain healthy boundaries, and strong organizational skills.*

Duties of the Peer Support Program Coordinator

- 3.5. *The peer support program coordinator typically performs the following duties:*
 - 3.5.1. *Serves as a member of the peer support advisory committee.*
 - 3.5.2. *Ensures compliance with department policy and directs the program operation.*
 - 3.5.3. *Recruits and coordinates the screening of applicants to serve as peer support team members.*
 - 3.5.4. *Coordinates the training of peer support team members and maintains training records.*

- 3.5.5. *Identifies resources to assist individuals when problem areas are identified.*
- 3.5.6. *Maintains statistical data about reported contacts by peers and peer supporters and program outcomes.*
- 3.5.7. *Provides aggregate data to management to represent the work of the peer support program.*
- 3.5.8. *Promotes the peer support program and engages in active outreach.*
- 3.5.9. *Conveys trust, anonymity, and confidentiality within policy guidelines.*
- 3.5.10. *Abides by the program policies and objectives.*
- 3.5.11. *When problems, questions or concerns occur, offers guidance to peer support team members.*
- 3.5.12. *Determines when consultation with a licensed mental health counselor is appropriate.*
- 3.5.13. *Conducts periodic check-ins with peer support team members.*
- 3.5.14. *Maintains an up-to-date roster of peer support team members and ensures it is publicly available.*
- 3.5.15. *Serves as a liaison to management.*
- 3.5.16. *Demonstrates awareness of one's level of burnout and capacity to serve as a peer support program coordinator.*

Retention of the Peer Support Program Coordinator

- 3.6. *Maintaining an emotionally healthy peer support program coordinator is important for the agency's overall well-being.*
- 3.7. *The peer support program coordinator should annually assert their intention to continue in the role.*
- 3.8. *The peer support program coordinator is supported and encouraged to exercise a leave of absence or to discontinue the role when personal or professional obligations interfere with the ability to perform the functions of the role.*
- 3.9. *If the peer support program coordinator is a supervisor, it is helpful to have a back-up peer support program coordinator for when conflicts of interest may exist.*

Deselection of the Peer Support Program Coordinator

- 3.10. *A procedure is in place that establishes criteria for deselection of the peer support program coordinator. Possible reasons for deselection include:*
 - 3.10.1. *Breach of confidentiality*
 - 3.10.2. *Failure to attend training*
 - 3.10.3. *Inability to balance primary duties with the peer support duties*

- 3.10.4. *Failure to maintain appropriate boundaries/act within the role (e.g., beginning to engage in activities or discussions best undertaken by a therapist)*
- 3.10.5. *Unable to meet the duties of the peer support program coordinator position (see 3.5).*
- 3.10.6. *Loss of one's good standing with the department*

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GUIDELINE 4: Peer Support Team Members

Peer support team members are staff holding voluntary positions in the agency who are trained to provide timely assistance and resource information to peers during times of personal or professional difficulties that adversely affect an employee's well-being and job performance.

Recruitment and Selection of Peer Support Team Members

- 4.1. *To promote peer support utilization, programs should operate on a scale large enough to provide staff with a choice of peers, privacy, and anonymity. In order to determine the number of peer support workers needed to support staff at all levels, agencies may consider the following factors.¹*
 - 4.1.1. *The intended reach of the peer support program (single agency, regional program, statewide program)*
 - 4.1.2. *The geographic distribution of office locations*
 - 4.1.3. *Staff schedules*
 - 4.1.4. *The average number of critical incidents each quarter*
 - 4.1.5. *The number of agency staff*
 - 4.1.6. *Staff classification/position in the agency. See 8.3 for important considerations.*
- 4.2. *Peer support teams are encouraged to have enough trained and accessible members to provide services to all community-based probation officers, administrative staff, and executive staff.²*
- 4.3. *Peer support program team members serve voluntarily.*
- 4.4. *Peer support team members are selected from applicants who:*
 - 4.4.1. *Complete an application process*
 - 4.4.2. *Are currently in good standing with their agency*
 - 4.4.3. *Have completed any probationary employment period that exists*
 - 4.4.4. *Have received a recommendation from their supervisor*

¹ A scan of available research, policies, and practices found limited information about the ideal ratio of peer support team members to employees. The [Peer Support Standards and Training Guidelines](#) developed by the League of Minnesota Cities suggested a ratio of one peer support team member per seven employees.

² Ibid.

- 4.5. *Interviews are used during the selection process. The interview panel consists of the peer support program coordinator and peer support team members. If the program has support from mental health professionals, this person may also participate in the interview process.*
- 4.6. *Agencies have defined selection criteria for peer support team members. These criteria include, but are not limited to:*
 - 4.6.1. *Previous relevant education, training, and experience*
 - 4.6.2. *Demonstration of desirable personal qualities, such as maturity, judgment, personal and professional ethics, and professional credibility*
 - 4.6.3. *Demonstration of skills and competencies, including superb communication and listening skills, strong interpersonal skills, leadership ability or potential, staying calm under pressure, maintaining healthy boundaries, and strong organizational skills.*

Duties of the Peer Support Program Team Member

- 4.7. *Peer support program team members:*
 - 4.7.1. *Abide by the program policies and objectives.*
 - 4.7.2. *Participate in required training and peer support team member meetings.*
 - 4.7.3. *Are knowledgeable about the agency and local and regional resources.*
 - 4.7.4. *Are committed to building and maintaining trust and are committed to serving as a peer team member while protecting coworkers' privacy.*
 - 4.7.5. *Are responsive when they are being called to act as a peer and responds earnestly.*
 - 4.7.6. *Provide short-term supportive assistance or a referral to appropriate services and understand the limits of their role.*
 - 4.7.7. *Maintain contact with the peer support program coordinator regarding program activities and statistical data on program contacts for program evaluation.*
 - 4.7.8. *Prioritize and attend to their own health and well-being. They demonstrate awareness of their level of burnout and capacity to serve as peer support team members.*
 - 4.7.9. *Promote the peer support program and engage in active outreach.*

Retention of Peer Support Program Team Members

- 4.8. *Maintaining emotionally healthy peer support team members is important for the agency's overall well-being. Regular training is provided to the peer support team members to address issues such as burnout and resiliency. [See guideline 9.](#)*
- 4.9. *Peer support team members should annually assert their intention to continue in the role and to sign the peer support team member agreement/contract.*
- 4.10. *Peer support team members are supported and encouraged to exercise a leave of absence or discontinue the role when personal or professional obligations interfere with the ability to perform the functions of the role.*

Deselection of Peer Support Program Team Members

- 4.11. *A procedure is in place that establishes criteria for the deselection of a peer support program team member from the program. Possible reasons for deselection include:*
 - 4.11.1. *A breach of confidentiality*
 - 4.11.2. *Failure to attend required training or meet minimum training requirements*
 - 4.11.3. *Inability to balance primary duties with the peer support duties*
 - 4.11.4. *Failure to maintain appropriate boundaries/act within their role (e.g., beginning to engage in activities or discussions best undertaken by a therapist)*
 - 4.11.5. *Loss of one's good standing with the department*

GUIDELINE 5:

Peer Support Requests and Delivery

It is important that all agency staff understand the peer support team's role, the process to access peer support services, and the type of support that is available outside the realm of critical incidents. Agencies should establish multiple approaches to communicating this information to new and tenured staff on an ongoing basis.

- 5.1. *A formal process that has the least number of obstacles has been established to receive requests for peer support. Referrals may come from the following sources:*
 - 5.1.1. *Self-referral from the employee*
 - 5.1.2. *Peer referral*
 - 5.1.3. *Supervisor-referral*
 - 5.1.3.1. *There is policy or protocol in place that supervisors automatically make referrals following events known to be associated with higher levels of traumatic stress for officers (e.g., officer victimization, caseloads events such as suicides, client deaths, violent/sexual recidivism).*
 - 5.1.3.2. *There is a mechanism in place to allow a supervisor to initiate a referral on behalf of an employee who would benefit from peer support.*
 - 5.1.3.3. *Peer support is not utilized in lieu of discipline, as part of discipline, coaching, or a work improvement plan, as this creates role and trust issues, whether real or perceived.*
- 5.2. *Peer support may be delivered in the following formats:*
 - 5.2.1. *One-on-one in-person, by telephone, by email, text, or video as appropriate for the situation and with consideration to confidentiality. The preferences of the individual seeking peer support determine the method of communication.*
 - 5.2.2. *In a group setting following a critical incident.*
- 5.3. *Examples of peer support activities include the following:*
 - 5.3.1. *Provide support during hospital stays.*
 - 5.3.2. *Provide support following the death of an employee or an employee's family member.*
 - 5.3.3. *Provide support to injured or ill employees or their family members.*
 - 5.3.4. *Provide support for personnel following a critical incident.*
 - 5.3.5. *Assist with managing work-related stress and/or burnout.*

- 5.3.6. *Provide resources to access substance use disorder or mental health support or treatment.*
- 5.3.7. *Make Employee Assistance Program referrals.*
- 5.3.8. *Promote wellness challenges and activities that promote employee well-being.*
- 5.3.9. *Refer individuals to resources, as needed.*
- 5.4. *Peer support team members provide support, not advocacy. Peer support team members may provide peer support during the process of a disciplinary matter but only in the context of providing support.*
- 5.5. *Employees may present with needs that fall outside the scope of what can be addressed within a peer support program. When this occurs, a referral is made to an appropriate resource such as an Employee Assistance Program.*

GUIDELINE 6:

Consultation Services from Mental Health Professionals

Peer support programs benefit from access to a mental health professional who can provide relevant expertise and guidance, as needed.

- 6.1. *For a department/agency with a peer support program to meet the emerging standard of care for peer support programs, the department/agency contracts with a licensed mental health professional to be used “as needed” to provide consultation to the peer support team members. The role and scope of the professional mental health consultant should be mutually determined by the department/agency and the mental health professional.*
- 6.2. *After a critical incident, it is recommended that the involved peer support team members participate in an after-action debrief to decompress, receive support, and discuss what went well and what areas need to be improved.*

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GUIDELINE 7: Confidentiality

Confidentiality is an essential component of peer support programs. Written policy is necessary to communicate the importance of confidentiality, detail prohibited disclosures, and outline the exceptions to confidentiality.

- 7.1. *Agencies have a policy that defines confidentiality guidelines and mandatory reporting requirements defined by the state. The following areas are frequently noted as mandatory reporting situations:*
 - 7.1.1. *Danger to self*
 - 7.1.2. *Danger to others*
 - 7.1.3. *Suspected child or elder abuse*
- 7.2. *Peer support team members have a well-informed, working knowledge of the three overlapping principles that affect the boundaries surrounding their communications with members within the role of peer support. Those principles are privacy, confidentiality, and privilege.*
 - 7.2.1. *Privacy is an individual's expectation that disclosure of personal information is confined to or intended only for the peer support team member.*
 - 7.2.2. *Confidentiality is a professional or ethical duty for the peer support team member to refrain from disclosing information from or about a recipient of peer support services, barring any exceptions disclosed at the outset.*
 - 7.2.3. *Privilege is the legal protection from being compelled to disclose communications in certain protected relationships, such as between attorney and client, doctor and patient, priest and confessor, or in some states, peer support persons and community-based probation officer or administrative personnel.*
- 7.3. *Peer support team members understand the limits of confidentiality and legal privilege and communicate those limits to the recipients of peer support. The extent and limits of confidentiality are explained to the recipient of peer services directly at the outset and also discussed in agency-wide training and in program materials.*
- 7.4. *Peer support team members do not provide information obtained through peer support contact to supervisors.*
- 7.5. *When performing after-action reviews or debriefing with other team members, peer support team members share information respectfully and as generically as possible to protect the identity of the recipient.*

- 7.6. *Peer support team members do not keep written formal or private records of supportive contacts other than anonymous statistical information to help document the program's general productivity (e.g., number of contacts).*
- 7.7. *Peer support team members sign a confidentiality agreement annually, indicating their agreement to maintain confidentiality. The agreement outlines the consequences for any violation of confidentiality.*

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GUIDELINE 8: Role Conflicts and Conflicts of Interest

Peer support teams are built on trust. Real or perceived role conflicts can undermine the integrity of the program. Agencies must anticipate potential conflicts of interest and establish appropriate policies and procedures to avoid and/or manage these conflicts.

- 8.1. *Peer support team members receive training on how to handle the complexities that can develop between peer support team members and receivers of peer support.*
- 8.2. *Peer support team members are aware of their limitations and seek advice and counsel from the peer support program coordinator in determining when to disqualify themselves from working with issues for which they have not been trained or issues about which they may have strong personal beliefs.*
- 8.3. *Peer support team members refrain from entering relationships with someone they are providing peer support to if the relationships could reasonably be expected to impair objectivity, competence, or effectiveness of the team members in performing their role or otherwise exploit or cause harm to the person with whom the relationships exist. For example, peer support team members should avoid religious, sexual, or financial entanglements with receivers of peer support.*
- 8.4. *Whenever possible, a peer support team member should only provide peer support to employees who are of the same rank/role within their agency.*
- 8.5. *Peer support team members refer employees to another peer support team member if a conflict exists or is foreseen. This includes recognizing that many contacts between a peer support team member and any one individual may indicate that a referral is needed.*
- 8.6. *Supervisors may have additional requirements regarding reporting sexual harassment, racial discrimination, and workplace injury that can place the supervisor or the agency in jeopardy if the procedures are not followed. Each agency must evaluate supervisor responsibilities and the viability of having supervisors as peer support team members.*

- 8.7. *If the peer support program coordinator is a supervisor, the peer support program coordinator must avoid situations in which he or she has access through peer support to confidential information from an officer about an incident for which the coordinator is also responsible for overseeing an investigation or reviewing an investigation. If a peer support program coordinator must conduct an investigation as part of management, the coordinator should remove himself/herself from the role of peer support program coordinator or remove himself/herself from investigating the actions of the officer receiving peer support due to the conflict of interest.*

GUIDELINE 9:

Initial and Continuing Training for Peer Support Team Members

Ongoing training and professional development are essential to ensuring competency, professionalism, safety, and quality control.

- 9.1. *Training requirements are clearly defined in writing and standardized to ensure consistency across peer support team members.*
- 9.2. *New peer support program team members are typically required to attend 24 to 32 hours of training that cover many, if not all, topics outlined below.*
- 9.3. *New peer support members complete their initial training requirements before they begin providing peer services.*
- 9.4. *Continuing education requirements ensure that peer support team members continue to build their skills and track new and emerging issues. Requiring active peer support team members to participate in up to four hours of formal training per quarter is common.*
- 9.5. *Relevant introductory and continuing training for peer support team members includes:*
 - 9.5.1. *Training to provide peer support services*
 - 9.5.1.1. *Receiving referrals*
 - 9.5.1.2. *Providing both individual and group interventions*
 - 9.5.1.3. *Roles and responsibilities*
 - 9.5.1.4. *When to seek guidance from the peer support program coordinator or seek a consult with a licensed mental health professional*
 - 9.5.1.5. *Cultural competence, diversity, inclusivity, and bias awareness*
 - 9.5.1.6. *Making referrals to additional resources*
 - 9.5.2. *Building trust*
 - 9.5.2.1. *Confidentiality, privacy, and privilege*
 - 9.5.2.2. *Roles and boundaries*
 - 9.5.2.3. *Role conflict*

- 9.5.2.4. *Culture and trust*
- 9.5.2.5. *Ethics*
- 9.5.2.6. *Limits and liabilities*
- 9.5.2.7. *Training to build skills*
- 9.5.3.1. *Active listening skills*
- 9.5.3.2. *Problem solving/scenarios*
- 9.5.3.3. *Awareness of psychological symptoms*
- 9.5.3.4. *Medical conditions vs. psychiatric disorders*
- 9.5.3.5. *Substance use/misuse*
- 9.5.3.6. *Suicide prevention*
- 9.5.3.7. *Grief management*
- 9.5.3.8. *Domestic violence*
- 9.5.3.9. *Veteran and military support*
- 9.5.3.10. *Physical wellness*
- 9.5.3.11. *Financial wellness*
- 9.5.3.12. *Spiritual wellness*
- 9.5.3.13. *Social health and relationships*
- 9.5.3. *Training to address personal wellness*
 - 9.5.4.1. *Stress management*
 - 9.5.4.2. *Resiliency*
 - 9.5.4.3. *Burnout*
 - 9.5.4.4. *Compassion fatigue*
 - 9.5.4.5. *Critical incident stress management/debriefing*
 - 9.5.4.6. *Organizational behavioral/culture*
 - 9.5.4.7. *Organizational stress*
 - 9.5.4.8. *Wellness and self-care*

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GUIDELINE 10: Data Collection to Monitor Program Success

Anonymous and de-identified statistical information should be captured on program activities to ensure the appropriate number of resources are assigned and that the program is meeting staff needs.

- 10.1. *Information that could identify staff members, staff member's number of interactions with the peer support program, or information that could violate the trust of a program should not be collected.*
- 10.2. *The following are minimum recommendations on data that should be captured:*
 - 10.2.1. *Referral date*
 - 10.2.2. *Referral type (e.g., self-referral; supervisor referral; peer referral)*
 - 10.2.3. *Number and type of contact*
 - 10.2.4. *Time spent per contact*
 - 10.2.5. *Type of service or resources provided and referral date*
 - 10.2.6. *Support topic(s) addressed: Work stress, work fatigue, substance use, trauma, morale, medical/physical health; mental health, financial strain, caregiver fatigue, divorce/relationships, parenting/childcare, death/loss/grief, conflict with staff or supervision, other.*
- 10.3. *Anonymous statistical information is used:*
 - 10.3.1. *To make decisions about the peer support program and to support the program's long-term sustainability.*
 - 10.3.2. *To monitor the hours worked by support team members and determine when additional peer support team members may be needed.*
 - 10.3.3. *To determine the training needs of staff and support resources needed.*
- 10.4. *Data is shared only in the aggregate, and names are not a part of the data record.*

Definitions

Burnout is the physical, emotional, and psychological effects of chronic exposure to work stress from working with others during intensely emotive situations (Pines & Aronson, 1988). Symptoms include emotional exhaustion, depersonalization, and reduced perceived personal accomplishment (Maslach & Jackson, 1981).

Compassion Fatigue is the emotional and physical fatigue resulting from chronic use of empathy when working with trauma survivors (Figley, 2002).

Critical Incident is any event with a stressful effect sufficient to overwhelm usual coping strategies. Critical incidents can be sudden, shocking, and outside the ordinary human experience. Examples of critical incidents that may affect community supervision officers include a line of duty death, the suicide of a colleague, serious work-related injury, multi-casualty/disaster/terrorism incidents, events with a high degree of threat to personnel, significant events involving children or family, events in which the victim is known to personnel, events with excessive media interest.

Employee Assistance Program (EAP) is an employee benefit program that assists employees with personal problems and/or work-related problems that may affect their job performance, health, and mental and emotional well-being. EAP may not be familiar with the roles and responsibilities of a community supervision agency.

Peer Support Program is a voluntary program that offers assistance and appropriate resource information to employees during personal and professional problems, which may adversely affect an employee's personal or professional well-being or job performance. A peer support program can augment outreach programs such as employee assistance programs, in-house treatment programs, and out-of-agency psychological services and resources but not replace them.

Peer Support Team Members are colleagues trained to support department or agency employees. Peer support team members are trained to recognize and refer cases that require professional intervention or that are beyond their scope of training to a licensed mental health professional. A peer support team member is not a counselor or therapist.

Peer Support Program Coordinators coordinate the peer support program and are responsible for administering the program, including assigning and supervising peer support team members to perform the duties associated with the support and referral program.

Secondary Traumatic Stress is a trauma response arising from engagement with another's trauma and suffering (Figley, 1995). The symptoms, including hypervigilance, flashbacks, and nightmares (American Psychiatric Association, 2013), echo those of post-traumatic stress disorder (Figley, 2002).

Vicarious Trauma is a response to prolonged empathic engagement with a trauma survivor, altering cognitive schemas regarding the self, others, and the world (Pearlman & Mac Ian, 1995). This type of trauma is characterized by intrusive thoughts and memories related to the traumatic event, avoidance of people and places associated with the event, and hyperarousal responses such as anger, irritability, and anxiety.

References

- Figley, C. R. (Ed.) (2002). Treating compassion fatigue. New York: Brunner/Routledge.
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). The Sidran Press.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558–565. <https://doi.org/10.1037/0735-7028.26.6.558>
- Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures*. Free Press.

