


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA21-H:8 (III) Internal Practices and Procedures	CHAPTER <u>Personnel and Training</u> STATEMENT NUMBER <u>1277.00</u>
SUBJECT: Peer Support Team PROPONENT: <u>Fallon Reed, Director</u> <small>Name/Title</small> <u>Commissioner's Office 271-8016</u> <small>Office Phone #</small>	EFFECTIVE DATE <u>03/06/2023</u> REVIEW DATE <u>03/06/2025</u> SUPERSEDES PPD# <u>NA</u> DATED <u>03/06/2023</u>
ISSUING OFFICER:  <hr/> <i>Helen E. Hanks, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

(a) PURPOSE:

The NH Department of Corrections (NHDOC) recognizes that personnel may experience times of personal or professional crisis. The Peer Support Team offers opportunities for personnel to speak confidentially with trained peer supporters who can offer educational and social support and facilitate avenues for professional help if needed.

(b) APPLICABILITY:

To all NH Department of Corrections employees.

(c) POLICY:

Dr. Ellen Kirschman noted psychologist in law enforcement mental health programs stated peer supporters are valuable because they have "walked in the other person's shoes."

It is the policy of the NHDOC to recognize the unique needs of corrections employees and the researched stressors that can affect individuals working in correctional environments and their roles. A healthy and effective Peer Support program is necessary in accordance with the spirit and intent of NH RSA 153-A:17-a: Critical Incident Intervention and Management (Attachment 1).

The main role of a Peer Support Team member is to “*Listen and Refer.*” Most people can resolve their own issues by just clearing the air, focusing clearly on the problem at hand, and through the discussion and consideration of alternatives and consequences. Peer support is dedicated to providing confidential emotional support to prevent debilitating stress and promote emotional well being among all departmental members.

Occasionally, the process of stress reduction is not sufficient to address the root cause of a personal problem. More serious conditions such as clinical depression, alcoholism, anxiety disorder, severe marital problems, and others may require professional services. Peer Support Team members are not counselors or therapists. However, they are trained to recognize when a problem is larger than just listening to someone “blowing off steam” or a person needing to talk about issues. In such cases, referrals will be made to appropriate mental health resources.

Peer Support Team members are available to respond to assist with personnel involved in critical incidents or personnel in need of such assistance as the result of a stressful incident. Department employees utilizing such services will have the option of asking for the same services for a spouse or immediate family member when the situation creates a traumatic impact on such family members.

It is the policy of the NHDOC through the Commissioner’s authority as the department’s chief law enforcement officer to establish and authorize a Peer Support Team and make it available 24 hours a day, 7 days a week as a resource to both sworn and civilian members.

(d) PROCEDURES:

1) Peer Support Team Members

- a. The Director of Personnel and Information shall appoint from a list of volunteers, departmental members from various ranks and assignments to serve at the pleasure of the Director as members of the NHDOC Peer Support Team. Additionally, the Director will assign Human Resource Director to be a liaison between the Peer Support Team and the office of the Director. NHDOC employees seeking to become a peer supporter shall at a minimum have served 3 years of continuous full-time service in a certified correctional law enforcement capacity, as correctional line personnel (Group II Retirement) or a combination thereof, shall be in good standing within their division or bureau, and shall be recommended by their supervisor in writing. Membership on the team shall be considered a temporary assignment and will serve in the assignment at the discretion of the Director. The temporary assignment shall not carry any additional compensation.
- b. Interested applicants for positions on the team shall transmit an inter-department memorandum through the chain of command to the Director indicating their interest in serving on the team and outlining their qualifications for such an assignment. As the memorandum is transmitted up the chain of command members of the employee’s divisional leadership staff shall endorse the applicant as "recommended with confidence", "recommended", "not recommended", or "no opinion" and attach a statement justifying and explaining their recommendation.

- c. In deciding which applicants to interview for vacancies on the Team, the Director shall consider the qualifications of the application such as but not limited to previous education and training, resolved traumatic experience, desirable interpersonal qualities, the recommendations of the leadership/supervisory staff, and the applicant's work history and disciplinary record.
- d. Once a group of finalist has been assembled, an interview board comprised of the Director or designee, Peer Support Team Coordinator, and other members as selected by the Director. The board shall conduct a structured interview with all the applicants and rate the candidates in order of preference, submitting their report to the Director, who shall make the final selection.
- e. Members of the Peer Support Team shall attend a basic training session approved by the Director, and at least biennially shall attend an updated training session approved by the Director. Basic or updated training shall include but not be limited to the following:
 - A. Confidentiality Issues
 - B. Communication Facilitation and Listening Skills
 - C. Ethical Issues
 - D. Problem Assessment
 - E. Problems Solving Skills
 - F. Alcohol and Substance Abuse
 - G. Cross Cultural Issues
 - H. Medical Conditions Often Confused with Psychiatric Disorders
 - I. Stress Assessment
 - K. Suicide Assessment
 - L. Depression and Burn-out
 - M. Grief Management
 - N. Domestic Violence
 - O. Crisis Management
 - P. Nonverbal Communication
 - Q. When to Seek Mental health Consultation and Referral Information
 - R. Fundamentals of Traumatic Intervention
 - S. Role of Peer Support Member, Limits and Liability

NH RSA 153-A:17-a states in “II. (a) Team members shall undergo and sustain certification standards set forth in guidelines established by the International Critical Incident Stress Foundation (ICISF) approved by the commissioner of the department of safety, or a similar organization for which the commissioner shall not unreasonably withhold approval. The team shall be registered with ICISF, or a similar organization, and maintain training standards to date as required.”

Any Peer support team member who does not maintain their training requirements pursuant to the Director of Personnel and Training will not continue on the team.

2) Referrals

- a. Members of the Peer Support Team shall be available by telephone or in person to meet at a mutually acceptable location and time with employees who request their assistance.
- b. Any NHDOC employee may contact a member of the Peer Support Team on or off duty to discuss issues of personal concern and are not required to identify himself/herself when speaking to a Peer Support Team member.
- c. Members shall also be available when assigned by the Director or designee to present training to in-service training classes, and to provide specialized training upon request. Classes will be for the purpose of educating leadership/supervisory staff about stress and its results on supervisory staff and the persons they supervise; quality of life education programs; and the benefits of available individual counseling and disaster intervention programs.
 1. NHDOC supervisors shall remain alert for signs of unhealthy distress in their employees, particularly if an employee has been involved in a traumatic incident, recognizing that stress may appear either immediately after or hours, days, weeks or even months later.
 2. Supervisors shall notify the Peer Support Team as soon as possible but no later than 18 hours following occurrences of critical incidents that may evoke extraordinary emotion, on or off-duty, such as death, a catastrophe or mass disaster, serious personal injury or life-threatening illness of an employee, unusual death or violence to a child, or a victim known by an employee, involvement in a use of force incident resulting in death or serious bodily injury, fatal traffic crashes involving departmental vehicles, or prolonged disturbance or riot situations that resulted in failure.
- d. Once notified of such an incident, the Peer Support Team shall reach out to the employee and offer to assist, but not force itself on the employee if the employee does not wish their assistance.
 1. Such support may include on-scene support services for distressed personnel; conducting defusing and debriefing sessions as soon as possible after an incident for the most affected workers; and follow-up contacts; provide support in the form of listening skills, problem solving strategies, stress management techniques, and referral options.
 2. Team members shall remain with the employee and/or family for as long as necessary to provide short-term support. Support provided may include but not be limited to phone calls to family and loved ones, ensuring that meals and refreshments are provided, running errands for employees or family members, providing transportation, and providing security by screening phone calls and visitors to the residence.

e. They shall discuss with the employee the various potential reactions that he or she may expect to feel and/or display in the aftermath of a critical incident; advise regarding the availability of professional counseling and support services and assist the employee in obtaining them; and leave 24-hour contact information with the employee.

1. Wardens/Directors or other leadership staff may also recommend a departmental employee contact Peer Support Team (in addition to our department's clinician or as another option to EAP) due to an identified deterioration in work performance, disciplinary trends, or other stressor such as but not limited to:

- Complaints
- Use of Force Incidents
- Sick Leave Usage
- Preventable Accidents
- Civil Litigation
- Negative Performance Evaluations
- Workman's Compensation claims
- Allegations of criminal conduct or drug use
- Changes in behavior
- Internal Investigation

2. A departmental employee may seek Peer Support Team guidance or assistance for incidents or events to include, but not limited to:

- Emotional or Psychological concerns
- Anxiety or Depression
- Stress
- Substance Abuse
- Grief and Loss
- Communication Problems
- Relationship and Family
- Parenting
- Relationship Violence
- Job Stress and Burnout
- Conflicts at Work
- Career Issues

3) Confidentiality

a. The success of the Department's Peer Support Team will be determined, in part, by the strict observance of confidentiality. Confidentiality of individual information shall be maintained in conformance with this policy. The Department recognizes the confidentiality of conversations between Peer Support Team members and employees **except:**

1. In cases where failure to disclose such information would violate statutory reporting requirements (i.e., admission of a plan to harm oneself or others, a report of child or elder abuse or as otherwise provided by law);
 2. Where failure to disclose such information would pose a clear and present danger to the safety or security of an individual, the public, or the Department;
or
 3. Information concerning the commission of a crime. In such cases, a Peer Support Team member must make the appropriate notification to the Director only.
- b. Otherwise, the NHDOC Peer Support Team members shall scrupulously adhere to the rules of confidentiality, protecting the privacy of all departmental employees who seek assistance.
 - c. Peer Support Team members shall notify interested departmental employees of the limitations of the provisions of Confidentiality before any discussion ensues. The Peer Support Team member shall notify the departmental employee that, while communication is not protected by legal privilege, confidentiality is provided administratively in accordance with this policy.
 - d. In every case, NHDOC employees must understand that confidentiality cannot be maintained in circumstances which would violate statutory reporting requirements.
 - e. Peer Support Team members who violate confidentiality other than those outlined by policy will be removed from the team.

4.) Reporting

- a. Peer Support Team members will not keep any written records or notes concerning any consultation that is voluntarily initiated by a member of the department.
- b. Written and oral reports due to critical incident response shall contain only such information as is pertinent to an ongoing evaluation without any personal information concerning the subject departmental employee. Every effort shall be made to avoid any undue invasion of privacy. These reports will be maintained by the Director of Personnel and Training.

REFERENCES:

Standards for the Administration of Correctional Agencies

Fifth Edition Standards

5-ACI-1C-25: New Aug. 2018

(Effective NLT October 1, 2020) All staff will have access to on-going health and wellness education, and programs and activities. Written policy, procedures and practices encourage and support employees to participate and engage in health and wellness activities inside and outside of their institutions/agencies. At a minimum a program should include:

- education on inherit health risks
- monitored goals and objectives
- engagement surveys
- a designated committee that has oversight of activities
- periodic health screenings
- incentives to encourage employee participation
- linkages to support programs (i.e. employee assistance programs, Critical Incident Response Team)

Other:

[Education & Training - ICISF](#): International Critical Incident Stress Foundation, Inc.

6 Steps to building a peer support program in corrections February 28, 2019, Corrections1
[How to start a correctional officer peer support team \(corrections1.com\)](#)

[Critical Incident Stress Guide | Occupational Safety and Health Administration \(osha.gov\)](#): United States Department of Labor

NH RSA 153-A:17-a – Emergency Medical and Trauma Services

Attachment 1:

**TITLE XII
PUBLIC SAFETY AND WELFARE**

**CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES**

Section 153-A:17-a

153-A:17-a Critical Incident Intervention and Management. –

I. In this section:

- (a) " Critical incident " means an event or events that result in acute or cumulative psychological stress or trauma to an emergency service provider as a result of response to the incident.
- (b) " Critical incident stress " means an unusually strong emotional, cognitive, or physical reaction that has the potential to interfere with normal functioning and that results from the response to a critical incident or long-term occupational exposure to a series of critical incident responses over a period of time that are believed to be causing debilitating stress that is affecting an emergency service provider and his or her work performance or family situation. This may include, but is not limited to, physical and emotional illness, failure of usual coping mechanisms, loss of interest in the job, personality changes, or loss of ability to function.
- (c) " Critical incident stress management " means a process of crisis intervention designed to assist emergency service providers in coping with the psychological trauma resulting from response to a critical incident.
- (d) " Critical incident stress management and crisis intervention services " means consultation, counseling, debriefing, defusing, intervention services, management, prevention, and referral provided by a critical incident stress management team member.
- (e) " Critical incident stress management team " or " team " means the group of one or more trained volunteers, including members of peer support groups organized by a unit of state, local, or county government who offer critical incident stress management and crisis intervention services following a critical incident or long term or continued, debilitating stress being experienced by emergency services providers and affecting them or their family situation.
- (f)(1) " Critical incident stress management team member " or " team member " means an emergency services provider, including any law enforcement officer, sheriff or deputy sheriff, state police officer, civilian law enforcement employee, firefighter, civilian fire department employee, emergency medical personnel, telecommunicators, and local dispatchers specially trained to provide critical incident stress management and crisis intervention services as a member of an organized and registered team.

(2) In this subparagraph:

- (A) " Telecommunicator " means an employee of the department of safety, division of emergency services and communications who is responsible for receiving at the public safety answering point telephone calls made to E911 and transferring or relaying such calls to public or private safety agencies.
- (B) " Local dispatcher " means a person who determines the location, status, and assistance required by callers and walk-in customers for public safety services and dispatches the appropriate police, fire, ambulance, or other units to provide needed emergency services at the state, city, town, or private emergency services level.

II. (a) Team members shall undergo and sustain certification standards set forth in guidelines established by the International Critical Incident Stress Foundation (ICISF) approved by the commissioner of the department of safety, or a similar organization for which the commissioner shall not unreasonably withhold approval. The team shall be registered with ICISF, or a similar organization, and maintain training standards to date as required.

(b) All critical incident stress management team members, sworn or civilian, shall be designated by the police chief, sheriff, director of the division of state police, fire chief, or director of the division of emergency services and communications.

III. (a) Any information divulged to the team or a team member during the provision of critical incident stress management and crisis intervention services shall be kept confidential and shall not be disclosed to a third party or in a criminal, civil, or administrative proceeding. Records kept by critical incident stress management team members are not subject to subpoena, discovery, or introduction into evidence in a criminal, civil, or administrative action. Except as provided in subparagraph (c), no person, whether critical incident stress management team member or team leader providing or receiving critical incident stress management and crisis intervention services, shall be

required to testify or divulge any information obtained solely through such crisis intervention.

(b) The purpose of this section is to provide a consistent framework for the operation of critical incident stress management teams and their members. In any civil action against any individual, agency, or government entity, including the state of New Hampshire, arising out of the conduct of a member of such team, this section is not intended and shall not be admissible to establish negligence in any instance where requirements herein are higher than the standard of care that would otherwise have been applicable in such action under state law.

(c) A communication shall not be deemed confidential pursuant to this section if:

(1) The communication indicates the existence of a danger to the individual who receives critical incident stress management and crisis intervention services or to any other person or persons.

(2) The communication indicates the existence of past child abuse or neglect of the individual, abuse of an adult as defined by law, or family violence as defined by law.

(3) The communication indicates the existence of past or present acts constituting an intentional tort or crime, provided the applicable statute of limitation has not expired on the act indicated.

Source. 2013, 74:1, eff. June 6, 2013. 2019, 245:1, 2, eff. July 12, 2019.