



Destination Zero Application 2022 Peer Support and Behavioral Health Support (EAP)

Executive Summary

The Prince William Police Department has been no stranger to tragedy. Over the past decade, the Department experienced two line of duty deaths, four officer deaths by suicide and two officers seriously wounded by gunfire. These incidents created a recognition at the highest levels of Prince William County Government of the importance of providing public safety personnel and their family members with high quality, culturally competent behavioral health care and support.

In 2016, in partnership with the Department of Fire and Rescue, the Public Safety Department of Communications (9-1-1 Center), the Prince William County Police Department put forward a request to create a county-funded full-service counseling center for public safety personnel and their family members. This effort resulted in the creation of the Prince William Public Safety Resilience Center (PSRC). The purpose of the PSRC is to promote resilience in public safety personnel through behavioral health and wellness promotion, crisis intervention, crisis support and behavioral health counseling services.

The Prince William Police Peer Support Team (PWPST) that was created in 1985, became re-energized with the creation of the Prince William Public Safety Resilience Center and the subsequent introduction of Stress First Aid (SFA) model. The unique SFA framework emphasizes peer support, is both proactive and reactive, and is based on research about what helps people recover following adversity.

The foundational components of the Stress First Aid framework are the concept of stress injury, the stress continuum and the seven core actions designed to help identify and --address early signs of stress reactions and not just those that are the result of traumatic events. The framework provides guidelines for appropriate action and is individualized for each situation and person. It is not event only focused and is not a one size fits all approach. In 2021, the PWPST provided more than 700 hours of support to distressed officers who were experiencing personal or professional stress.

The PSRC provides a readily accessible option for behavioral health support/treatment for officers and their immediate family members. The PWPST members often serve as the bridge between the officer and the PSRC, helping countless officers get the behavioral health help they need. The PSRC behavioral health specialists often connect officers who have sought treatment with a member of the peer support team to provide encouragement and the perspective that comes with lived experience.

The Prince William Police Department is proud of the partnership created between the Department, the PWPST and the PSRC. This cooperation has led to a near seamless system of peer support and access to a higher level of behavioral health support and care for officers and their families throughout their careers.



Prince William County Police Department

The Prince William County Police Department, led by Chief Peter Newsham, is comprised of approximately 900 dedicated employees, to include 700 sworn members and 200 professional staff (non-sworn) members. With an annual operating budget in excess of \$114 million a year, the agency is responsible for providing high quality and professional police services to a population of more than 478,000 residents covering an area measuring 348 square miles. According to the most recent census data, Prince William County is the most diverse county in Virginia, the second most-populous, and the second fastest-growing county in the Commonwealth. The county is expected to continue to experience rapid growth and development, which will require the police department to continue to grow and evolve to meet the expanding public safety demands. Prince William County is strategically situated southwest of Washington, DC, bookmarked between the heavily traveled I-95 and I-66 corridors.

The stress encountered by law enforcement personnel is influenced by a number of factors: the threats the job can present, the tragic losses which they routinely witness, the difficult decisions they have to make, current negativity surrounding law enforcement, the increased public scrutiny of law enforcement actions, and the cumulative demands the job places on them. While these "big ticket" stressors often draw the most attention, when we surveyed our members, issues like pay, supervision, interrupted sleep patterns and relationships with co-workers were their primary concerns in terms of effects on work satisfaction. Added to these factors, personal issues arising from shift schedules and family stressors can result in law enforcement personnel juggling many competing demands in a job where the stakes are high if mistakes are made.

Exposure to line of duty and organizational stress creates a risk for potentially severe stress reactions and may result in functional problems in law enforcement personnel. Advances have been made to address this need through the use of peer support. Well placed, confidential assistance from a co-worker or supervisor can help prevent the progression of stress reactions. Peer support team members can be a bridge for affected individuals to other resources. One helpful approach to assisting those in distress is a self-care and peer support framework called Stress First Aid that is based on two decades of research about what helps people recover from adversity.

Prince William County Police Department Peer Support Team

The Prince William County Police Department Peer Support Team (PWPST) utilizes the Stress First Aid (SFA) framework to provide support to officers from the time they first enter the Police Academy throughout their careers. In addition to the direct support provided to officers in need, the Peer Support Team members provide on-going education regarding the use of SFA through roll call briefings, recruit training, supervisor and leadership training, etc.



The Prince William Peer Support Team was originally created in 1985 and utilized the traditional Critical Incident Stress Management (CISM) model that focused on responding after an event occurred with a one size fits all approach for occupational exposures to trauma. Over the years, the team moved away from this reactive CISM model to a more proactive peer support approach. In 2016, the PWPST became re-energized with the creation of the Prince William Public Safety Resilience Center (PSRC) and the subsequent introduction of SFA.

SFA is an evidence driven adaptation of the US Navy/Marine Corps Combat and Operational Stress First Aid (COSFA) program, initially adapted, with the assistance of the National Center for Post-Traumatic Stress Disorder, for the fire service and Emergency Medical Services (EMS). The director of the PSRC was invited to contribute to a national workgroup to explore the feasibility of adapting the COSFA program for firefighters and EMS professionals and subsequently became one of the co-authors of Stress First Aid for Firefighters and Emergency Medical Services Personnel. With assistance and support from the Oregon Department of Public Safety Standards and Training, an adaptation for law enforcement was completed in 2013. The Prince William Police Department proudly became the first east coast department to adopt the SFA model.

The SFA framework emphasizes peer support, is both proactive and reactive, and is based on research about what helps people recover following adversity. The framework provides a blueprint for appropriate action and is individualized for each situation/person, is not event only focused and is not a one size fits all approach.

The current PWPST has twenty members, both sworn and civilian. In 2021, the PWPST earned peer support accreditation through the Virginia Office of EMS in accordance with Virginia Code § 32.1-111.3. The accreditation process allows for a standardization of teams that will be utilized in requests for CISM/Peer Support Teams at the state level or to fulfill Emergency Management Assistance Compact (EMAC) requests from other states. Having accreditation also allows for privileged communications by certain public safety personnel in accordance with Virginia Code 19.2-271.4. "A person who is a member of a critical incident stress management or peer support team, established pursuant to subdivision A 13 of § 32.1-111.3, shall not disclose nor be compelled to testify regarding any information communicated to him by emergency medical services or public safety personnel who are the subjects of peer support services regarding a critical incident. Such information shall also be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.)".



Peer Support Team Members with Command Staff
(PSRC Director and Behavioral Health Specialist)

The PWPST has an operating manual (attached) that addresses the following areas related to team functioning:

- Mission statement
- Purpose
- Peer Support Team Coordinator
- Clinical Director
- Role of Peer Support Team Members
- Peer Support Selection Process
- Peer Support Training Program
- Confidentiality
- Internal Investigations/Discipline
- Revocation/Suspension of Membership

Confidentiality is absolutely critical for the success of the peer support team; therefore, it is specifically addressed in the Department's General Order (attached). It is imperative that each Peer Support Team Member maintains strict confidentiality of all information learned about an individual. Communication between the Peer Support Team Member and an individual is considered confidential except for situations involving the following:

- Danger to self
- Danger to others
- Suspected child/elderly abuse
- Domestic violence
- Individual receiving peer support services requests that the information be shared



PWPST members receive an eight-hour introductory class in Stress First Aid and on-going education about the application of SFA during the quarterly PWPST training meetings. In addition, on-going support and consultation is available 24 hours per day, 7 days per week from the behavioral health specialists of the Public Safety Resilience Center.

PWPST members have responded to a number of critical events, including, but not limited to:

- 1) Line of duty deaths
- 2) Suicide of fellow officer
- 3) Civil disturbance
- 4) Officer involved shootings
- 5) In-custody deaths
- 6) Severe injury/death to children

In addition, PWPST members have provided support to distressed officers in the following situations:

- 1) Severe illness/death of a family member
- 2) Relationship issues, including domestic violence
- 3) Substance use issues
- 4) Stress related to internal investigations

The members of the PWPST provide both individual and group support utilizing the Stress First Aid framework. Group participation is voluntary and focuses on the impacts of the event and skill building, rather than rehashing the details of the event.

Members of the PWPST are available twenty-four hours per day, seven days a week to provide support to any officer who feels the need for additional support. Officers are invited to reach out to the peer support team at any time and are encouraged to contact a member of the team with whom they would feel most comfortable. (Attached Peer Support Team brochure)

In calendar year 2021, the Peer Support Team recorded 721 hours of peer support.

Stress First Aid

SFA is a self-care and peer support model that was adapted from the US Navy/Marine Corps Combat and Operations Stress cooperation with the National Center for Post-Traumatic Stress Disorder (an arm of the Veterans Administration). It includes a set of supportive actions, grounded in research, designed to help law enforcement personnel assist each other in reducing the negative impacts of stress. SFA has subsequently been tailored to support firefighters, emergency medical services personnel, law enforcement and medical personnel. This approach to assisting a co-worker undergoing stress recognizes that disasters and "critical incidents" are not the only stressors that professionals in these fields face. It is based on the acknowledgement that stress can be ongoing and cumulative, resulting from multiple sources, and resistant to formal intervention for many reasons such as stigma and cultural factors. Therefore, SFA is designed to be practical, flexible,



attentive to multiple sources of stress, and tailored to the specific styles and needs of those involved.

The provision of SFA requires three basic skills: 1) the ability to recognize a stress injury in a peer, 2) the ability to **directly** speak with the affected individual about concerns known as “see something, say something” and 3) the knowledge of resources and ability to connect the affected individual with those resources.

Three foundational skills form the foundation of Stress First Aid:

- 1) The ability to recognize stress injuries
- 2) The ability to use the stress continuum to identify stress zones and level of support needed
- 3) Knowledge of and ability to utilize the seven core actions of SFA

A brief description of each of those skill areas follows.

Stress Injury

SFA posits that there are four types of stress injuries: life threat/traumatic injury, loss/grief injury, moral/inner conflict injury, and wear and tear/fatigue injury. SFA recognizes that all stress experienced by law enforcement professionals is not the result of occupational exposure to trauma and provides support for officers who are distressed by the problems of daily living (financial challenges, marital discord, issues with children, substance use, etc.)

These four sources of stress often operate simultaneously, and their effects are cumulative. (See Figure 1).

Four Causes of Stress Injury

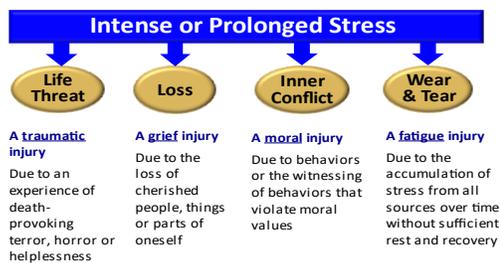


Figure 1

Here are some examples of events that may trigger a stress injury:

Life Threat/Potentially Traumatic:

- Exposure to extreme violence, murder, or suicide
- Exposure to life-threatening circumstances
- Sexual assault or offenses
- Child abuse



- Death to children
- Domestic violence
- Dealing with hostility/resistance/violence
- Exposure to similar potentially traumatic events in one's personal life

Loss:

- Death/serious illness in co-workers, family, friends
- Working with coworkers or those in the public who have lost a family member
- Loss of ideals
- Loss of time
- Loss of personal wellbeing
- Loss of possessions (house, etc)
- Loss of promotion

Examples of Inner Conflict:

- Conflicts with personal values and the job
- Finding time to satisfy work and personal responsibilities
- Second guessing what could have been done differently to prevent a negative outcome ("could've, should've, would've, and it must be my fault")
- Concerns about the impact of one's job on family or friends

Examples of Wear and Tear:

- Long hours and shift work
- Working when ill or injured
- Dealing with different personalities
- Lack of supervisor support
- Personnel turnover
- More record keeping and accountability
- More attention to things done wrong than things done right
- Balancing homelife with job duties
- Trying to manage a growing caseload
- Extra duty assignments
- Negative public perception
- Pressures from supervisors
- Multiple updates in policies and programs
- Multiple stressors in one's personal life over extended periods

Stress Continuum Model

The Stress Continuum Model (Figure 2) was adapted from the model developed by the United States Marine Corps. Officers are able to monitor their own (and other's) stress levels by using the stress continuum. The stress continuum has four zones: green (mission ready/coping skills are working well), yellow (expected reactions to life's normal stressors/reversible), orange zone (stress injured/may be temporarily non-mission ready) and red zone (stress ill and in need of behavioral health treatment).



Green Zone: Not stress-free, but mastering stress with good coping skills. Mission ready!

Yellow Zone: Reacting to life’s normal stressors. Mild, reversible, temporary stress reactions.

Orange Zone: Stress injuries damaging the mind, body or spirit. Temporarily non-mission ready.

Red Zone: Stress injuries that become stress illnesses. Only diagnosed by behavioral health professionals.

Law enforcement personnel may more commonly be in the **Yellow Zone** rather than the **Green Zone**. Stress reactions (Yellow Zone) are common and are a part of developing competence and confidence as a result of facing life’s challenges. Most people have sufficient resources and skills to recover from a stress reaction with limited outside assistance. Stress injuries (Orange Zone) can result when there are more significant impacts. These may result in no longer feeling like one’s normal self, feeling out of control, or being impaired in work or personal roles. They typically require activation of additional resources to facilitate recovery and growth.

Stress Continuum

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<p>DEFINITION</p> <ul style="list-style-type: none"> ❖ Optimal functioning ❖ Adaptive growth ❖ Wellness <p>FEATURES</p> <ul style="list-style-type: none"> ❖ At one’s best ❖ Well-trained and prepared ❖ In control ❖ Physically, mentally, spiritually fit ❖ Mission-focused ❖ Motivated ❖ Calm and steady ❖ Having fun ❖ Behaving ethically 	<p>DEFINITION</p> <ul style="list-style-type: none"> ❖ Mild and transient distress or impairment ❖ Always goes away ❖ Low risk <p>FEATURES</p> <ul style="list-style-type: none"> ❖ Feeling irritable, anxious or down ❖ Loss of motivation ❖ Loss of focus ❖ Difficulty sleeping ❖ Muscle tension or other physical changes ❖ Not having fun <p>CAUSES</p> <ul style="list-style-type: none"> ❖ Any stressor 	<p>DEFINITION</p> <ul style="list-style-type: none"> ❖ More severe and persistent distress or impairment ❖ Leaves a scar ❖ Higher risk <p>FEATURES</p> <ul style="list-style-type: none"> ❖ Loss of control ❖ Panic, rage or depression ❖ Not feeling like normal self ❖ Excessive guilt, shame or blame ❖ Disengagement/isolation <p>CAUSES</p> <ul style="list-style-type: none"> ❖ Life threat ❖ Loss ❖ Inner conflict ❖ Wear and tear 	<p>DEFINITION</p> <ul style="list-style-type: none"> ❖ Behavioral health conditions ❖ Unhealed stress injury causing life impairment <p>FEATURES</p> <ul style="list-style-type: none"> ❖ Symptoms persist and worsen over time ❖ Severe distress or social or occupational impairment <p>TYPES</p> <ul style="list-style-type: none"> ❖ PTSD ❖ Depression ❖ Anxiety ❖ Substance use disorder

Figure 2

Seven Core Actions of Stress First Aid

SFA has seven core actions that provide a roadmap to guide peer support personnel in providing the "right" kind of assistance based on the individual officer's need, including referral to culturally competent behavioral health professionals (Figure 3). As one officer said, "Stress First Aid doesn't teach us how to talk to another officer, it teaches us what to talk about."



Figure 3

These core actions of SFA were derived from an exhaustive literature review of elements related to how people recover from a number of different types of adverse circumstances (Hobfoll et al., 2007). Use of these actions following major disruptive events can point peer support team members towards actions that will help officers to not just persevere but to emerge stronger. They guide what to focus on in initial contacts, what to watch to monitor progress and assess needs, and what resources might be needed.

The five essential elements of immediate and mid-term intervention that are related to better recovery from stress are:

1. **Promote a sense of safety.** Maintaining or re-establishing a psychological sense of safety lowers the risk of stress injury. Safety can be relative, and it is important to have a balanced view about the levels of danger in one's environment.
2. **Promote calming.** Some anxiety is normal and healthy. However, extended arousal of heart rate, blood pressure and respiration is associated with disruption of sleep, lack of hydration, poor decision-making and long-term health problems.
3. **Promote connectedness.** Social support/connection is one of the strongest protective factors against stress injury and is linked to emotional well-being and recovery following trauma and adversity.
4. **Promote sense of self and collective efficacy.** People who believe that they have the skills to overcome threat can handle stressful events, solve their problems and show greater resilience during and recovery after stressful events.
5. **Promote a sense of hope.** Hope is linked to optimism, faith, and/or the belief that things will work out in the best possible way.

Hobfoll, S. E., Watson, P. J., Bell, C. C., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(3), 283-315.



Use of these actions following major disruptive events helps officers to not only persevere, but to emerge stronger. They guide what to focus on in initial contacts, what to watch to monitor progress and assess needs, and what resources might be needed. SFA is meant to be incorporated into work in a natural, seamless way, and implemented only when needed. In most cases, it is not necessary to provide all the SFA actions. Often the actions overlap, for example, providing cover (safety) might also facilitate calming and connection. As one peer support member reflected:

“Doing something supportive doesn’t have to look like a mental health intervention. In fact, the best interventions are often the least noticeable ones.”

Below is a brief summary of the actions of Stress First Aid:

SFA FUNCTIONS	POSSIBLE ACTIONS
Check	Assess current level of distress and functioning Assess immediate risks Assess need for additional SFA interventions or higher levels of care
Coordinate	Decide who else should be informed of situation Refer for further evaluation or higher levels of care, if indicated Facilitate access to other needed care
Cover	Ensure immediate physical safety of stressed officer and others Foster a sense of psychological safety and comfort Protect from additional stress (ensure respite)
Calm	Reduce physiological arousal (slow down heart rate and breathing, relax) Reduce intensity of negative emotions such as fear or anger Listen empathically to the officer talk about experiences Provide information that calms
Connect	Encourage connection to primary support people Help problem-solve to remove obstacles to social support Foster positive social activities within squad/unit
Competence	Help mentor back to full functioning Facilitate rewarding work roles Arrange for retraining, if necessary Encourage gradual re-exposure to potentially stressful situations
Confidence	Mentor back to full confidence in self, leadership, mission and core values Foster the trust of coworkers and family members in the individual

Figure 4

For a complete description Stress First Aid, please refer to the attached Stress First Aid for Law Enforcement Manual. (Watson, P.J., & Westphal, R.J. (2021). Stress First Aid for Law Enforcement Professionals Workbook. U.S. Department of Veteran Affairs. National Center for PTSD.)



Difference Between Stress First Aid and Other Models of Support

Stress First Aid:

- 1) Targets both work and personal stressors, not just occupational exposure to trauma
- 2) Offers a framework of actions for self-care and peer support
- 3) Promotes early actions when stress reactions are observed
- 4) Provides a common language to talk about stress to reduce stigma
- 5) Is less intrusive; meant to be seamless and part of daily interactions
- 6) Creates the awareness of the importance of seizing opportunities in moment-to-moment encounters with co-workers to make well-placed, supportive comments
- 7) Is meant to be a way of life
- 8) Is on-going, not a one-time event
- 9) Has a skill building component, when necessary
- 10) Promotes referrals and coordination of care

A big component of any successful peer support program is having competent behavioral health specialists readily available for consultation and referral. Prince William County officials recognized the need and created the Prince William Public Safety Resilience Center.

The Prince William Public Safety Resilience Center

Over the past decade, the PW Police Department has experienced two (2) line of duty deaths, two (2) officers critically wounded by gunfire, and four (4) deaths by suicide. Prince William County recognized the importance of providing public safety personnel and their family members with easily accessible, culturally competent, quality behavioral health care. The existing Employee Assistance Program simply had proven itself inadequate to meet the needs, demonstrated by the slow response to calls for assistance (sometimes weeks), the lack of culturally competent therapists, and the lack of therapists with training in evidence-based treatment approaches for depression, anxiety, substance use disorders, post traumatic stress and marital issues.

In 2016, The Prince William Public Safety Center (PSRC) was created as a stand-alone unit within the County government as a partnership between the Police Department, the Department of Fire and Rescue and the Department of Public Safety Communications. The center is a stand-alone unit within the County government with four staff, a director and three behavioral health specialists. Each agency has a "dedicated" behavioral health specialist, but all behavioral health specialists are available for referrals from any participating agency. To increase the comfort level of personnel related to confidentiality and the likelihood that the services would be utilized, the center director reports directly to a Deputy County Executive, rather than to any of the involved Department heads.

The purpose of the Public Safety Resilience Center is to promote resilience in public safety personnel through behavioral health and wellness promotion, crisis intervention, crisis support and behavioral health counseling services. The Center staff provide the following services:



The Center staff provide the following services:

Behavioral Health and Wellness Promotion

- Dissemination of information that promotes behavioral health and wellness
- Support and consultation to supervisors
- Enhanced use of peer support team
- In-service training
- Auricular acupuncture

Crisis Support

- Support and consultation to command staff
- Support and consultation to supervisors and senior staff
- Support to personnel (individual and groups, crews or units)
- Support to family members

Behavioral Health Emergency Support/Consultation (Crisis Intervention)

- Support and consultation to senior staff and supervisors
- Assessment of level of care needed
- Support to personnel experiencing a behavioral health emergency
- Support for family members of personnel experiencing a behavioral health emergency
- Referral and liaison to appropriate level of care

Counseling Services

- Assessment
- Counseling
 - Individual
 - Couples
 - Family
 - Group
- Referral
- Follow-up

Post-Shooting Support

- Post-shooting support services for law enforcement personnel
- Post-shooting support services for families of law enforcement personnel
- Follow-up

Wellness Checks

- Wellness “check-ins” for specialized service personnel
- Voluntary wellness “check-ins”

Support for Peer Support Teams and Chaplains

- Specialized training for the PWPST and Chaplains
- Guidance and consultation
- Stress First Aid training (customized for law enforcement, fire-rescue and 9-1-1 telecommunications)

The Peer Support Team disseminates copies of the PWPST and the PSRC brochure at roll calls, squad days and trainings. In addition, the poster about PSRC services is displayed at every worksite.

(Figure 5 and 6)



PRINCE WILLIAM COUNTY

PUBLIC SAFETY RESILIENCE CENTER

FREE CONFIDENTIAL SERVICES!

FOR PUBLIC SAFETY EMPLOYEES & IMMEDIATE FAMILY

Therapy for:

Problems of daily living	Stress injury
Work related issues	Depression
Relationship issues	Anxiety
Concerns about children	Substance use issues
	Trauma related issues

CALL, EMAIL OR TEXT

<p>DIRECTOR Vickie Taylor, LCSW 703-792-4935 Office 571-373-6241 Cell vtaylor@pwcgov.org</p>	<p>POLICE DEPARTMENT Kelly Tappenbeck, LCSW 703-792-7838 Office 571-354-9471 Cell KTappenbeck@pwcgov.org</p>
<p>FIRE & RESCUE SYSTEM Lisa DeMarco Tilley, LPC 703-792-5585 Office 571-722-8257 Cell ldemarco@pwcgov.org</p>	<p>PUBLIC SAFETY COMMUNICATIONS Amy Anderson-MacMurdo, LCSW 703-792-7887 Office 571-354-5765 Cell aandersonmacmurdo@pwcgov.org</p>

Figure 5: PSRC Poster

PRINCE WILLIAM COUNTY

PUBLIC SAFETY RESILIENCE CENTER

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- Problems of daily living
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Figure 6: PSRC Brochure

Cultural competence is a key component of any successful counseling service for public safety personnel. Cultural competence requires an understanding of law enforcement culture and the culture of the agency, the ability to communicate and interact effectively with law enforcement personnel in everyday conversation and during extreme crisis situations. The staff of the PSRC are acutely aware of the need to remain culturally competent by participating in training, shadowing recruit classes, participating in regularly scheduled ride-alongs with officers, and seeking feedback through meetings/training and service delivery satisfaction surveys. All the behavioral health specialists are trained in auricular acupuncture to reduce stress and anxiety through the reduction of cortisol levels.

PSRC staff demonstrate their commitment to cultural competence through:

- 1) Seeking to understand the unique stressors related to law enforcement
- 2) The use of evidence-based practice approaches to depression, anxiety, substance use disorders, post-traumatic stress and marital issues. (especially those that use behavioral strategies to address problems)
- 3) Responding to requests for appointments within 24 hours
- 4) Scheduling appointments promptly
- 5) Having flexible hours
- 6) Being available for consultation (supervisors/peer support)



- 7) Providing relevant training
- 8) Emphasizing confidentiality
- 9) Having strong boundaries
- 10) Appreciation of dark humor
- 11) Avoidance of power struggles
- 12) Speaking in plain language – straightforward, succinct, no psychological jargon
- 13) Explaining what is recommended and why
- 14) Listening to the worst of the worst without becoming overwhelmed
- 15) Managing personal emotional responses to extremely graphic descriptions of trauma

The staff of the PSRC are committed to the growth, improvement and development of their skills and the program. They continually strive to monitor and adopt new best practices for providing treatment and support to public safety personnel for combatting job stress and addressing behavioral health concerns. The staff provides training for the members of the PWPST to increase and hone their skills. In 2018, the PSRC sponsored a two-day Stress First Aid train the trainer facilitated by the primary author, Dr. Patricia Watson of the National Center for Post-Traumatic Stress. All PSRC staff and several members of the PWPST are SFA trainers.

The PWPST is a critical component in the success of the PSRC. Peer Team members make referrals to the PSRC and PSRC staff facilitate connections between officers in need and PWPST members. PSRC behavioral health specialists can be counted on to respond quickly and can be reached by phone, text or email. Endorsement of PSRC services by PWPST members has proven to be invaluable for the PSRC and has resulted in many successful referrals for treatment.



Prince William Public Safety Resilience Center Staff

Measuring Success of the PWPST and the PSRC

PSRC

Due to the sensitive and confidential nature of the interactions between peer support team members and behavioral health specialists and officers, sharing of success stories is not possible. One way to get a glimpse of the success of the PWPST and the PSRC is by looking at the PSRC



performance measures which have been tracked since FY2017. The table below shows the averages of the measures between FY2017 and FY2022:

Response to emergency requests for service within one hour	100%
Number of behavioral health services/contacts provided*	1,206
24 hour response to non-emergency service requests	98%
% of clients responding to anonymous survey who are satisfied with services received	100%

* Number of clients served, behavioral health promotion activities, consultations, trainings

The PSRC sends a simple, anonymous satisfaction survey to each client at the conclusion of treatment. 100% of the clients who respond to the survey (approximately 60%) indicate that they were very satisfied with the assistance they received, that they achieved their goal(s) and that they would refer a friend or family member to the PSRC.

Some comments from the survey or emails:

"Thank you for helping my daughter. You saved her life."

"The skills I learned will help me throughout my career."

"I plan to return periodically for a tune-up!"

"I hear from so many people in my work area about how pleased they are with our Wellness Program and can attest to the fact that many have really found it to be beneficial for their circumstances."

"I'm sure that due to the nature of your job you don't get the recognition that you guys deserve, but I wanted to make sure that you know how grateful we are for everything that you have done for our family."

PWPST

In calendar year 2021, the Peer Support Team recorded 721 hours of peer support team members responding to and assisting Prince William officers and their families.

Another way of appreciating the impact of peer support is to hear from peer support members reflecting on their work:

"I want to make sure that we're setting up a system where people feel like it's okay to reach out. We also need to set up a system where it's not only okay to reach out, but where we're going to reach out to you so that you don't have to be the one to reach out."

"Sometimes you've just got to be the person to open the door and say, 'Hey, are you doing all right?' And maybe your follow-up is, like, 'I don't have to be the person you need to talk to. By all means, tell me to leave, but go talk to somebody you trust. I'm just letting you know I'm recognizing something is not right here.'"



"SFA creates an improved ability to identify issues, come together, and problem solve solutions. It calls attention to systems level issues that are problematic for the workforce. Rather than managers worrying that if they ask what's going wrong, they will have to fix it, it's more about having a dialogue. For instance, staff can report that there are activities or issues that are putting them into the Orange. Then those issues can float up and be discussed. 'A unit is in Orange because...' 'The department is in Orange because...' It's not the old model of sucking it up, taking two breaths, and going back to work. It's a model of identifying and addressing issues as a team

"After I responded with another officer to a call for a suicide in progress, I asked him if he would like to grab a quick cup of coffee. I wanted to check in with him because I knew that he had a close family member who had recently taken his own life. I just wanted to make sure that he knew that someone noticed and wasn't afraid to mention it to him."

"The vast majority of people are going to be helped by you being a human being and just having a listening ear. It helps just knowing somebody cares and has some simple advice. However, when you run into things where you don't know what to say, it is helpful to have the resources to be able to talk to a clinician, mentor, coworker teams, or somebody else who provides Stress First Aid and ask them."

"I consider it preventive maintenance to talk with a trained counselor, to be able to have longevity in this job. People don't mind doing preventive maintenance on the car with the idea it's going to protect the car for long-term use, but we don't think of ourselves in that way. And what you're talking about is like regular tune-ups, changing the oil. All the things you need to do for cars we don't think about for ourselves as often."

"If a coworker has signs of high stress that cause them to make mistakes at work, you can address that person individually to get a pulse check of what's going on. Hopefully you're going to draw them out with active listening to get at what is at the root of problems. There also is a time and place for me to be more abrupt and directive, if there is danger, or if it is a re-occurring thing. Sometimes you need to be more directive or abrupt."

"SFA needs to start well in advance of anything going on. You slowly implement it into the organization, so it is normal. We talk, drop our guards, and show our vulnerability. It is best if it begins well in advance of anything happening."

"Sometimes when I respond to a difficult situation as a peer support person, I start by connecting to the person around a mutual interest, like football or kids, etc. If they don't want to talk, I tell them to just know we're there for them if they need anything, and I'll check back with them in a week. Then I call a week later and ask if they are better, the same, or worse. They will reflect on being better, worse, or the same. Once they are in the mode of talking about something, sometimes something clicks, and then they will take a deep breath and relax a little."

"If something is going wrong on a unit, someone will say 'Orange huddle!' That means: 'Everyone take breath, we're coming together.' It's not blaming or shaming. It means there's an issue, we feel it, someone saw it, something is happening, and it's tense. So, we now have a shorthand way to say, 'Let's all take a breath. What do we need to do? This is the shift from hell, but we'll make it through!'"



"Reaching out to coworkers during times of sorrow or disappointment can be uncomfortable, and I believe that this is why many do not reach out or say anything. It is why it is so important to have a peer support team who will reach out."

"We have a lot of values in our work, like duty, integrity, and respect, but we need to put more on being good people to each other when things are hard, because the reality is that our jobs can create a lot of problems in peoples' personal lives. You don't have to be lifelong 'brothers' to be a genuine friend to someone. Reaching out, supporting other people, getting help, and keeping other people's personal information confidential go a long way. For instance, give them a phone call, a text, whatever is simple and how you normally communicate. The genuineness piece is important. We need to look out for each other."

"When I talk with a stressed co-worker, I ask this question 'toolbox or trashcan?' Do you want me to just listen to this, or do you want me to provide solutions to this? It allows me to know my role in the conversation, because I tend to always go to the toolbox and try to fix things, unless you tell me that you just want me to listen."

"It helps to have someone remind you that we're all just human, and all reactions are acceptable in the right context, and then we can figure out what to do after that."

"An officer had a pretty horrible situation happen at work, so he was thinking of all the things he should or shouldn't have done. But rather than automatically jumping into that conversation, I listened to the story and helped him identify the things he did right. Turns out that he did a really good job; the outcome was just tragic."

"Peer to peer, calming can be challenging because of our mentality. You would think that people who work in environment in which we work would be the first to acknowledge that it is a struggle to cope sometimes. Unfortunately, stigma is alive and well. Humor can be a big calming influence. It's helpful to acknowledge potential stressors, even through humor. It has to be on everyone's radar instead of expecting people to suck it up and deal with their own stuff."

"SFA has taught me that it is ok to acknowledge that our job is tough and that we need to be tough. But beyond tough, we need to build strength through skills that help us build our sense of competence and belief in our mission. Being tough and building strength are both important. That is how we build resilience. Each of us needs to be strong, but we are stronger together."

"The 5 elements that form the basis of SFA have provided a roadmap for me as a peer support member. I ask what action I need to take to promote a sense of safety and calm. How can I enhance a sense of connection rather than isolation? What conversations need to take place to bolster up a sense of competence and hope?"

"After a particularly difficult call for service, one officer took it particularly hard. She kept saying that she must have missed something and confided in me that she felt responsible for the outcome. During times like these, I find that is very important to focus on the process of what was done, rather than the outcome. We too often equate success in our work with outcome. I think it is



important to communicate that we can feel very sad about an outcome without taking responsibility for it; that we can do our job well and still things don't turn out the way we want."

"I approached an officer who seemed like he had the weight of the world on his shoulders and asked him if he would like to talk. He was surprised and said he thought that he was doing a good job hiding that he was struggling. He ended up agreeing to make an appointment at the Resilience Center. He thanked me for taking the time to reach out to him so that he could get the help he needed."

Summary

The Prince William Peer Support Team, in partnership with the Public Safety Resilience Center, is committed to improving the behavioral health of the officers of Prince William County Police Department by providing confidential support and encouragement to officers. The best way to promote resilience in difficult times is to be as strong as possible every day. Stress First Aid for Law Enforcement provides a basic approach to support building a healthier workplace environment—not just reacting to critical situations. Knowledge of SFA skills is one more tool in the peer support toolbox to impart the confidence to reach out and provide help to an officer in need. That help may just mean the difference between hope and despair.

Attachments

Prince William Police Department Peer Support Operating Manual

Prince William Peer Support Team General Orders

Prince William Peer Support Team brochure

Stress First Aid for Law Enforcement Manual (NCPTSD)

