

Sacramento Police Department – 2320  
BASIC PEER SUPPORT (PEER COUNSELING) Course – 22650

**Statement of Purpose:** This purpose of this 40-hour course is to introduce peace officers to the basic support skills necessary to perform as a peer support person for their agency.

- I. Introductions
  - a. Agenda/Schedule/Needs
  
- II. Four Colors Personality Exercise (Learning Activity) – This test/questionnaire can help a person provide insight to: a new awareness about self; a greater understanding of others; more effective team building; resolving conflicts with others; personal style vs. career demands.
  - a. Test and discuss (Assessment of learning) – People are generally a blend of the “colors” (traits) but different traits come out at different times.
    - i. Red – active / task oriented (dominating, demanding, determined)
    - ii. Green- passive/task oriented (cautious, careful, competent)
    - iii. Yellow-active/people oriented (influencing, interested in people)
    - iv. Blue-passive/people oriented (stable, shy, security-oriented)
  
- III. Communication & Listening Skills
  - a. Communication components exercise
    - i. Interrupt
    - ii. Disinterested
    - iii. Hi-jack conversation
  - b. Triad listening exercise (learning activity)
    - i. Speaker, Listener, Observer
  
- IV. Peer Support Methodology
  - a. What is it?
    - i. A process whereby a person discusses a personal issue with a non-professional, usually a friend or co-worker.
  - b. Peer Support Components:
    - i. Active Listening Skills
    - ii. Clarifying Issues
    - iii. Supporting the Person
    - iv. Problem Solving Process
    - v. Confidentiality
    - vi. Referral to Professional Resources
  
- V. What is a Critical Incident?
  - a. Trauma Inventory Exercise
    - i. Discuss impacts of Trauma and varying levels
  
- VI. A Critical Incident Is:
  - a. Simply put: Any incident or event in which a person’s normal coping mechanisms are overwhelmed.
    - i. Identifying both on-duty and off-duty critical incidents.
    - ii. Recognition that an off-duty incident can impact the job and an on-duty

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incident can impact the personal life.

- VII. Critical Incidents:
- a. When a person's reaction to an event contains the following three ingredients, a "Critical Incident" has occurred: (Dr. John Kohls, Trauma Psychologist)
  - b. The Three Ingredients:
    - i. Intense Emotional Involvement: all your awareness, all your feelings are invested in this moment.
    - ii. Narrow Focus: your range of attention is narrowed down to a fraction of what's normal. Therefore, there are changes in the way you perceive the world.
    - iii. There's a lot of loss: there's a lot at stake during the short period of the critical incident (possibly someone's life, including your own).
- VIII. Normal Reaction to An Abnormal Event:
- a. Noticeable signs / symptoms:
    - i. 85% of all persons exposed to a critical incident will show noticeable signs within 48 hours.
  - b. Average time frame of critical incident reactions:
    - i. Most of the signs will disappear in a short time, within 3 weeks.
- IX. Physical Critical Incident Reactions:
- a. Physical Reactions:
    - i. Fatigue, tremors, chest pains
    - ii. Upset Stomach, gastrointestinal problems
    - iii. Exaggerated startle response
    - iv. Headaches, numbness
    - v. Changes in appetite
- X. When Nature Takes Over:
- a. Physical and Physiological Reactions during a critical incident:
    - i. Adrenal Surge
    - ii. Loss of fine motor coordination.
    - iii. Optical Infinity: eye lenses flatten causing loss of near
    - iv. Vision. Vision is focused at 20+ feet.
    - v. Pupil Dilation: from low light survival conditions of cavemen.
    - vi. Reticular Activating System: mind filters out unimportant information
    - vii. Bladder & Colon response to adrenaline.
- XI. Common Perceptual Distortions:
- a. Time Distortion
    - i. Occurs 83% of the time. (Slow motion 67% and fast motion 16%).
  - b. Auditory Distortion
    - i. Occurs 69% of the time. (Diminished sound 51% and intensified 18%)
  - c. Visual Distortion
    - i. Occurs 83% of the time. (Tunnel Vision 67% and Heightened detail 16%)

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- XII. Emotional Critical Incident Reactions:
  - a. Emotional Reactions:
    - i. Anxiety, guilt, grief, denial, and fear.
    - ii. Irritability, restlessness.
    - iii. Moodiness, feelings of depression.
    - iv. Crying to laughing
    - v. Anger, blaming, uncertainty, agitation.
    - vi. Loss of emotional control
    - vii. Emotional roller coaster
  
- XIII. Behavioral Critical Incident Reactions:
  - a. Behavioral Reactions:
    - i. Emotional outbursts, Suspiciousness, and withdrawal
    - ii. Loss of Increase in appetite, Alcohol consumption, and sexual activity
    - iii. Pacing, inability to rest, erratic movements
    - iv. Hyper alert to surroundings, startled reflects.
    - v. Antisocial activity.
  
- XIV. Cognitive Critical Incident Reactions:
  - a. Cognitive:
    - i. Replaying the event and flashbacks.
    - ii. Forgetful, can't concentrate, confused.
    - iii. Time released poison pills: "Did I screw up?", "What if...?"
    - iv. Monday morning quarter backing.
    - v. Poor concentration, poor memory.
  
- XV. The Three Types of Loss:
  - a. Loss of Closeness:
    - i. Spouse, lover, child, family member, friend, co-worker.
  - b. Loss of Self-Esteem:
    - i. Perceived loss of respect, ability, and face.
  - c. Loss of Control:
    - i. Lost the ability to prevent, alter or change the incident.
  
- XVI. In the Aftermath of a Critical Incident:
  - a. Common Errors:
    - i. Criticism, advice, embarrassment, humiliation, bad jokes, false assurances.
    - ii. Criminal Treatment.
    - iii. Locked in a room alone, being ignored.
    - iv. "War stories".
    - v. Minimizing the incident.
    - vi. Abandonment by the organization.
  
- XVII. In the Aftermath of a Critical Incident:

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- a. What is needed:
  - i. Support, get to a safe place, listening, honesty, a caring person.
  - ii. Explain what procedures will take place.
  - iii. Help notifying family. Food and liquids
  - iv. Information on the symptoms of critical incidents.
  - v. Validation that they are normal.
  - vi. Protection from the public and media.
- b. Caring for the Survivors
  - i. Relieve the person(s) of duty.
  - ii. Assign a trained Peer Supporter to them
  - iii. Keep them Active, don't put them on a shelf.
  - iv. Tell them what they need to know about the immediate future.
  - v. Make any contacts which they request.

XVIII. Secondary Trauma

- a. Group Exercise (Learning Activity)
  - i. Students break into pairs and exchange stories of critical incidents they were involved in and how it impacted their lives.
- b. Survivor story
  - i. Personal story of an officer who experienced an on duty critical incident. Officer shares the facts of the situation and the aftermath of the incident.
  - ii. Officer shares their symptomology following the critical incident, how it affected their family and the role of peer support.

XIX. How Many Losses? (graphic)

- a. Group exercise and discussion
  - i. Identification of personal and professional losses.

XX. Peer Support:

- a. Definition: A process whereby a person discusses a personal issue with a non-professional; usually a friend or co-worker. PS Components:
  - i. Active listening skills
  - ii. Clarifying issues.
  - iii. Supporting the person
  - iv. Problem solving process
  - v. Confidentiality
  - vi. Referral to professional resources
- b. Peer Support Benefits:
  - i. Supports the person(s) through tough times.
  - ii. Allows the person(s) to handle him/herself.
  - iii. Supports and builds self-esteem.
  - iv. Discourages dependence.
  - v. The gift of helping to relieve someone's pain.

XXI. Listening Exercise: (Learning Activity)

- a. Ground Rules:

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- i. Roles: The talker and the Listener.
- ii. Talk about any topic you choose.
- iii. Respect & Confidentiality: What is said here stays here.
- iv. Don't be judgmental, don't try to solve their problem. Let them work through it.
- v. You can go outside of the classroom to talk.
- vi. Each of you has 10 minutes to talk. Respect your partners turn to talk.

XXII. Conflict Styles.

- a. Conflict styles.
- b. Group Exercise.
- c. Triggers.
- d. Generational Changes.

XXIII. Career & Family Survival:

- a. Career impact on the family
- b. Career group exercise.
- c. Impact on trust.
- d. Compassion fatigue.
- e. Alcohol use.
- f. Sleep hygiene.
- g. Family history
- h. Family relations.

XXIV. Principals of Stress Management:

- a. Physical.
  - i. Exercise
- b. Emotional.
  - i. Seeking counseling, talking to someone you trust.
- c. Cognitive
  - i. Understanding symptomology/education
- d. Behavioral
  - i. Recognizing how your behaviors are impacted by stress.
- e. Spiritual.
  - i. Questioning of faith under stress or utilizing your faith during stressful times.
- f. Stressors
  - i. Knowing that stressors are different for everyone despite the circumstances.
- g. Magic Chair
  - i. Understand the concept of the magic chair and counteracting that behavior.
- h. I "Ustas" Syndrome
  - i. Understanding the "I Usta" syndrome and not allowing yourself to stop engaging in activity that is enjoyable or therapeutic for oneself.
- i. Gaining Health

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- i. Using the stress or critical incident to better oneself.

XXV. Operational Stress Injury.

- a. Trauma.
- b. Fatigue.
- c. Grief.
- d. Moral Injury.

XXVI. Grief Cycle:

- a. Kubler-Ross Model of Grief:
  - i. Shock, Denial, Anger/Blame, Acceptance, & Resolution.
- b. Recovery Plan:
  - i. Support Systems.
  - ii. Education.
  - iii. Timeline.
  - iv. Anniversaries.

XXVII. Suicide Prevention & Intervention:

- a. ACE Model:
  - i. Ask.
  - ii. Care.
  - iii. Escort.

XXVIII. Samoan Circle:

- a. Group communication exercise. (Learning Activity)
  - i. The purpose of the exercise is to highlight the benefit of active listening skills.
  - ii. The class is divided into two groups. One group stays in the classroom and is instructed to do certain behaviors when the second group returns to the classroom. The second group is instructed to tell a story when they return to the classroom.
  - iii. Learning Assessment: - Instructors observe the use and non-use of Active Listening Skill

XXIX. Substance Abuse:

- a. Signs & Symptoms of Addiction.
  - i. Increased sick usage
  - ii. Physical Symptoms
  - iii. Guilt/anxiety
- b. Recovery Options.
  - i. Medical Health Plan options
  - ii. Private Pay 28-day rehabilitation centers
  - iii. Intensive out-patient vs. IOP

XXX. West Coast Trauma Retreat:

- a. Program/Treatment.

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- i. A weeklong trauma recovery program.
  - ii. Not the only option as there are several options available.
- b. Staff - Counselors, volunteers, peers

XXXI. Critical Incident Stress Management:

- a. CISD's
- b. Seven Stage CISD Model.
- c. ABC Debriefing Model.
- d. Debriefing Research.

XXXII. Peer Support Response:

- a. Target Model.
  - i. When responding to a critical incident, it is helpful to use the target model as an approach.
  - ii. Start by providing support to the person or person(s) most impacted by the incident (i.e. – involved parties) and then expanding out to others impacted.
- b. Resources.
  - i. Know your resources and which will be appropriate for the particular situations.
- c. After-Care.
  - i. Maintain contact with the involved parties and their families if appropriate. Continue follow up as necessary.

XXXIII. Peer Support Scenarios: (Overall Class Assessment of Learning)

- a. Role players from the existing Peer Support program will be used to assist in scenarios for the new peers.
  - i. Scenario Learning: Appreciative Approach.
  - ii. Scenario Roles & Guidelines.
  - iii. Scenario Debriefings.

XXXIV. Conclusion / Questions:

- a. Course Wrap-up Questions.
- b. Course Evaluations.
- c. Course Certificates Awarded.