



Peer Support Program Handbook



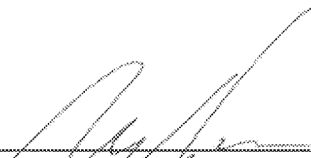
U.S. Immigration
and Customs
Enforcement

Foreword

The mission of the U.S. Immigration and Customs Enforcement (ICE) Peer Support Program is to offer assistance and support to all ICE employees and, on a limited basis, to their family members in times of personal need or following critical or traumatic incidents. ICE recognizes that its employees, by virtue of their profession, are exposed to situations that may create emotional or psychological trauma, and the objective of the Peer Support Program is to minimize such trauma and render assistance in an attempt to accelerate normal recovery to abnormal events, some of which are unique to federal law enforcement.

In most cases, the Peer Support Program is the first step toward getting help and does not replace psychological treatment or professional Employee Assistance Program services. ICE realizes that, when under stress, some employees may feel a natural reluctance to seek professional psychological treatment because it may be thought to imply weakness, cowardice, or an inability to perform the job successfully. Such employees may be more inclined to speak with a peer who has been trained and certified to provide helping services to fellow employees.

This handbook provides procedures and guidelines for the administration and management of the ICE Peer Support Program.



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date

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INTRODUCTION

Concept and Purpose

Employees who are overwhelmed with personal or professional problems may become preoccupied, which could have a negative effect on their job performance and satisfaction. The Peer Support Program (the Program) is comprised of ICE employees who volunteer and are trained to help others meet life's challenges in order to avoid costly distractions and to improve quality of life. They offer emotional support, guidance, and service referrals in a confidential setting to coworkers and, on a limited basis, their family members. Individuals may seek support to deal with personal or professional issues or to obtain assistance in response to a critical or traumatic incident.

The Program recognizes that employees are often more inclined to reach out to a peer for help during times of distress rather than seek assistance from a mental health professional. Speaking to a peer who understands and relates to the demands of the job provides a unique bridge for ICE employees who would like assistance but may be uncomfortable seeking it through traditional avenues.

While the Program offers support to employees during difficult times, it is not a substitute for professional counseling. Peer Support Members (PSMs) are not psychological counselors. PSMs will often make referrals to the Employee Assistance Program (EAP), where employees and family members can receive free, confidential counseling from a licensed mental health professional when additional help is needed. PSMs may make other referrals (e.g., state bar legal referral programs or through worklife4you) provided that such referrals are accompanied by a disclaimer of any official endorsement of a non-federal service or entity.

The Program has two main purposes:

- To offer support following a critical or traumatic incident. Peer support activity may begin at the scene of the incident, but it does not interfere with, or take precedence over, operations or investigations. PSMs are trained to recognize the signs of adverse reactions to stressful events that have the potential to reduce an employee's level of functioning. PSMs will respond in a manner that can facilitate healthy assimilation and recovery.
- To offer a network of trained PSMs who are available to all employees and, on a limited basis, to their family members to address personal issues or stressors unique to ICE. Peer support enables employees to make healthy decisions. In turn, making appropriate decisions in challenging situations improves the ability to thrive during critical or traumatic events.

While the PSM may offer information and support, it is ultimately the individual's responsibility to make the problem-solving decisions.

PSMs DO NOT solve other people's problems and DO NOT represent the affected employee in any capacity (i.e., disciplinary/administrative actions).

The Program does not supersede any other existing programs within ICE that offer support or similar services.

Confidentiality

The success of the Program depends on the confidential nature of interactions between those who seek services (herein identified as Contacts) and PSMs. PSMs are prohibited from documenting or discussing their interaction with Contacts, except in situations where:

- The Contact provides express written consent;
- The law requires disclosure;
- The Contact has been determined to be a threat to himself, herself, or others;
- The Contact is involved in domestic violence, child abuse, or elder abuse; or
- The Contact discloses serious misconduct that any ICE employee would be required to report to the Joint Intake Center (JIC), the Office of Professional Responsibility (OPR), or the Office of the Inspector General (OIG).¹

PSMs must advise Contacts of the confidentiality policy at the outset of initial peer support activity. Peer Support relationships are not established until the PSM discusses this confidentiality policy and provides a copy of the Confidentiality Statement ([Appendix C](#)) to the Contact.

In the event that information obtained in a peer support setting is subject to disclosure *and* the situation does not require immediate or emergency action, PSMs must seek consultation from the Local Program Facilitator, National Program Manager, Program Clinical Advisor, or Directorate Administrator before divulging such information.

PSMs who improperly breach confidentiality are subject to removal from the Program and may be subject to disciplinary action. PSMs who properly refuse to disclose confidential information will not be subject to any disciplinary action.

PSMs assisting employees under agency investigation remain subject to the Program's confidentiality provisions. When assisting an employee who is under investigation, the PSM's

¹ [Directing Complaints Appropriately to the JIC, OPR, OIG, or Local Management](#).

only role will be one of support and assistance to better enable the Contact to handle stress he or she may face during the investigation process.

INFORMATION FOR PEER SUPPORT PROGRAM STAFF

Roles, Responsibilities, and the Selection Process

Roles and Responsibilities

Directorate Peer Support Program Administrator

The Directorate Peer Support Program Administrators oversee all aspects of the national Program for their respective ICE Directorates: Management and Administration (M&A), Enforcement and Removal Operations (ERO), or Homeland Security Investigations (HSI). As members of the Peer Support Program Governance Board, the Administrators coordinate with each other to update this handbook or formulate any other guidance related to the Program. Offices not within these directorates can request support from the Chair of the Governance Board.

The Administrators act as representatives of the Program, develop expenditure plans, and advise senior leadership on peer support services that have a significant impact on the effectiveness and timeliness of the ICE mission and well-being and satisfaction of its employees. The Administrators are also responsible for the activation of the Traumatic Incident Response Team (TIRT) when directed by a Headquarters Responsible Official. The Administrator role is a collateral duty assignment.

Peer Support Program Governance Board

The Peer Support Program Governance Board manages the program and maintains oversight of policy, funding, training, reporting, staffing, and communications. The Governance Board is comprised of the Directorate Program Administrator from M&A, who serves as the Chair, and the Directorate Program Administrators from ERO and HSI. The Clinical Advisor serves the Board in an advisory role. Each member has equal decision making authority, and any issues that the Board cannot resolve will be elevated to each Board member's respective Executive Associate Director (EAD). The Deputy Director of ICE will be the final arbiter of any issues that the EADs are unable to resolve.

Peer Support Program Clinical Advisor/Psychologist

The Peer Support Program Clinical Advisor/Psychologist is a mental health professional who provides advice to Program staff and serves as the principal advisor to the Administrators. This is a full-time position with the Office of Human Capital. In addition, the Clinical Advisor:

- Maintains knowledge of and provides recommendations to the Administrators on current best practices related to the delivery of peer support services;

- Consults with Program leadership on PSM selection and the continued service of PSMs;
- Provides consultation and advice regarding the emotional well-being of PSMs;
- Assists in the development of Program training;
- Reviews and delivers training curriculum to Program staff when necessary;
- Consults on the provision of Program services during a critical incident;
- Drafts position and research papers discussing innovative approaches and strategies to improve the delivery of Program activities throughout ICE;
- Makes recommendations for improved delivery of Peer Support and EAP services based on statistical trends from Program reporting;
- Develops and implements a self-care plan for local Program staff; and
- Serves as mental health liaison between the Program and the EAP.

National Peer Support Program Manager

The National Program Managers serve as both the internal and external representatives of ICE's Program, oversee training for Program staff, and organize a national Program response for critical incidents. This position can be a collateral duty or full-time. The National Program Managers:

- Identify training for Program staff;
- Manage the training program for PSMs;
- Serve as a principal liaison between ICE and federal, state, and local agencies, as well as public and private organizations on Program matters;
- In consultation with the Clinical Advisor, manage any conflict resolution issues that may arise;
- Maintain certification in critical incident and stress management response from an approved certifying body that includes specialization within the law enforcement, emergency services, or public safety arena;
- Serve as a primary national point of contact for Program Facilitators;
- Conduct quarterly meetings with all Program Facilitators;
- Maintain a roster of all active PSMs and their specialty skill sets;
- Ensure that the updated current rosters of PSMs (names and phone numbers only) are posted on the ICE intranet;
- Ensure that the Program confidentiality statement and other Program information are posted on the ICE intranet; and
- Comply with all program regulations, guidelines, and restrictions as outlined in this handbook.

Peer Support Program Facilitator

The Peer Support Program Facilitators are supervisory-level employees who oversee Program activities in local Field Offices or within their respective Headquarters Directorates or Program

Offices. The success of the Program depends on this position being staffed with skilled Facilitators at all times. Program Facilitators serve voluntarily and as a collateral duty.

Using the following criteria, Field/Headquarters Responsible Officials must nominate and maintain one collateral duty and one alternate Program Facilitator for their respective Field Offices or Headquarters Directorates/Program Offices as vacancies occur. Facilitators must be supervisory employees (or above) in their Field Offices or a Unit Chief (or above) at Headquarters.

Program Facilitators:

- Establish recruitment efforts for Program applicants;
- Provide quarterly statistical reporting to their respective Directorate Program Administrators regarding the number and nature of peer support services and activities provided in a manner that does not breach confidentiality or disclose the identity of the employee seeking services (this is for purposes of program evaluation only);
- Assign PSMs to assist during local critical or traumatic incidents, taking into account any request that an employee involved in such incident may have for a particular PSM;
- Monitor the emotional well-being of PSMs to prevent burnout or overexposure;
- Determine and communicate local program requirements for the national Program;
- Conduct quarterly meetings with all PSMs;
- Maintain a roster of all active PSMs and post it in approved locations in the office or building;
- Post the Confidentiality Statement for Peers in approved locations (next to the roster of active PSMs) and ensure that it is distributed electronically at least annually to all employees within their respective Field Offices or Headquarters Directorates or Program Offices;
- Immediately notify the National Program Manager when changes to the roster occur;
- Notify the supervisor of an applicant to the Program when an application is submitted and request input for consideration in the selection process;
- Select PSMs, subject to the concurrence of the respective Directorate Program Administrator and in consultation with the Clinical Advisor;
- Arrange training for employees in their offices who are selected to participate in the Program;
- Collect quarterly data that tracks activities and services provided through the Program (for purposes of evaluation only) and report it to the respective Directorate Program Administrator;
- Endeavor to maintain fair and thoughtful distribution of PSMs; and
- Comply with all Program regulations, guidelines, and restrictions as outlined in this handbook.

Peer Support Program Coordinator

Peer Support Program Coordinators are non-supervisory employees nominated by the respective Program Facilitator or Field/Headquarters Responsible Official, at the rate of one per Field Office and Headquarters Directorate and/or Program Office. Coordinators serve as an intermediary between the Facilitator and PSMs, and provide operational administrative support to both. This is normally a collateral duty position, but it may be a full-time position if necessary. In addition, the Program Coordinator:

- Promotes awareness of the Program by providing briefings or other educational material about the Program and its development to interested personnel in his or her Field Office or Headquarters Directorate/Program Office;
- Coordinates the selection process for PSM applicants;
- Identifies and arranges for PSMs to attend local training;
- Compiles information for reporting purposes and provides the data to the Program Facilitator;
- Provides assistance to PSMs when problems or questions arise;
- Leads TIRTs for his or her Field Office or Headquarters Directorate/Program Office when called upon;
- Conducts local training and holds general PSM meetings whenever necessary, but no less than on a quarterly basis, to promote competency of PSMs; and
- Complies with all program regulations, guidelines, and restrictions as outlined in this handbook.

Supervisors of Peer Support Members

Based on mission requirements, supervisors of PSMs approve or disapprove peer support service activation requests both during and outside normal duty hours and may approve after-hours compensation for PSMs responding to critical incidents or other urgent service requests. When exigent circumstances dictate the need for the immediate provision of Program services, supervisors may approve service activation requests after services have begun or are completed. Supervisors may also authorize Administrative Uncontrollable Overtime (AUO), Law Enforcement Availability Pay (LEAP), overtime, compensatory time, or other appropriate premium pay for services that PSMs provide outside normal duty hours, consistent with applicable statutes, rules, regulations, or agency policies.

Peer Support Members

PSMs serve voluntarily and as a collateral duty within their own Field Offices or Headquarters Directorates/Program Offices, or they may be called upon to assist other offices.

PSMs provide voluntary, direct support to their peers by:

- Providing Contacts with short-term supportive assistance and/or referrals to the EAP when/if necessary;
- Advising Contacts of the confidentiality provisions and limitations of the Program;
- Encouraging the use of peer support to coworkers affected by a traumatic or critical incident;
- Submitting a monthly report to Program Facilitators regarding the number and nature of services and activities provided in a manner that does not breach confidentiality or disclose the identity of Contact (this is for purposes of Program evaluation only);
- Providing peer support services outside of regular duty hours, as appropriate;
- Upon the request of a Contact, a supervisor, or a coordinator, responding to local incidents that do not require the deployment of a team;
- Notifying their Program Coordinators or Facilitators of any circumstances that may affect their ability to provide support and assistance, impact their continued Program participation, or present conflicts of interest (including a possible appearance of a lack of impartiality). This includes administrative inquiry or fact-finding responsibilities, as well as service in the following capacities during a traumatic incident: Honor Guard, Special Response Teams, Disturbance Control Teams, and Hostage Negotiation Teams (see pages 15-16);
- Attending all mandatory training;
- Seeking approval of service activation from their supervisors when appropriate;
- Seeking approval from their supervisors after the provision of peer support services when exigent circumstances dictate the need for immediate provision of services;
- Adhering strongly to the ethical standards and confidentiality provisions of the Program; and
- Encouraging the use of EAP services when necessary.

PSMs *will not*:

- Serve as a representative for the individual seeking support from the Program in any capacity;
- Provide counseling or therapy services; or
- Provide peer support services for persons in their supervisory chain of command.

Representational Union duties and peer support activities are separate and unique functions. PSMs who also hold positions as Union representatives may not simultaneously perform the role of Union representative and PSM regarding the same matter. If the Contact requests Union representation from the PSM, the PSM will complete peer support activities before assuming the role of a Union representative. If further peer support services are needed, a referral to a different PSM or an appropriate outside resource, such as EAP, will be provided.

Selection Process

The success of the Program depends on its local staff, which must be mature, trustworthy, respected, motivated, and dedicated to a healthy work environment and the well-being of colleagues. Peer support candidates will be selected from a pool of volunteers who have shown interest and demonstrated a willingness and ability to learn and comply with the guidelines and procedures of the Program. Unless currently holding a position that is in conflict with the mission of the Program, all non-probationary employees may apply when solicitations are posted.

Certain skills and traits have been identified as beneficial for applicants and nominees to the Program, and selecting officials should consider these when making selections for local PSMs. They include:

- Previous education and training in psychology or mental-health counseling;
- Previous training in crisis intervention;
- Previous peer counseling roles;
- Maturity, sound judgment, and credibility;
- Empathetic to others;
- Motivation for participation; and
- Superior communication skills.

All applicants and nominees for the Program must meet the following criteria:

- Most recent performance rating of at least “fully successful” for bargaining unit employees, or “achieved expectations” for non-bargaining unit employees;
- Not on employee probationary status; and
- Willingness to work outside assigned duty hours for critical or traumatic events.

All applicants and nominees must agree to the Standard of Conduct for Peer Support Team Members (see [Appendix B](#)), as well as the terms of participation below:

- Maintain confidentiality based on the guidelines provided in this handbook;
- Be motivated and able to manage time effectively to allow for minimal impact on regularly assigned duties;
- Attend and successfully complete the Peer Support training program;
- Be sensitive to issues related to diversity and be willing to help Contacts with different ethnic, cultural, religious, etc. backgrounds;
- Commit to attending all Peer Support meetings and mandatory training; and
- Agree to respond to service requests after hours in the event of critical or traumatic incidents as personal and work requirements allow.

Certain collateral duties are incompatible with peer support service. Therefore, in order to avoid a conflict of interest, those serving in certain capacities may not simultaneously serve in their

peer support roles. This includes employees who have administrative inquiry or fact-finding responsibilities. Furthermore, employees activated for service during a critical or traumatic incident in the following capacities are prohibited from simultaneously serving in their peer support roles:

- Honor Guard;
- Special Response Teams;
- Disturbance Control Teams; or
- Hostage Negotiation Teams.

Activation to the above specialized teams does not inhibit Program staff from serving in a peer support capacity outside of a critical or traumatic incident for which they may have been activated.

ICE personnel may either be nominated or actively apply to the following Program positions.

Peer Support Program Facilitator

Nominees must submit a completed Applicant Questionnaire (see [Appendix E](#)) as well as a brief memorandum describing their interest in the Program and relevant experience/qualifications to their Field/Headquarters Responsible Officials, or his or her designee, to forward to the Directorate Program Administrator for selection. If the nominee is not selected, the Program Administrator will provide a written notification to the applicant through the Field/Headquarters Responsible Official.

Peer Support Program Coordinator

Nominees must submit a completed Applicant Questionnaire (see [Appendix E](#)) as well as a brief memorandum describing their interest in the Program and relevant experience/qualifications to the Program Facilitator to forward to the respective Directorate Program Administrator for acceptance into the position.

Peer Support Program Member

Employees who meet the criteria listed above may apply to be PSMs when the local Program Facilitator solicits volunteers (see the Recruitment Template at [Appendix D](#)). The Program Facilitator determines the need for PSMs in his or her area and will broadcast open periods soliciting PSMs via e-mail to all employees in his or her Field Office or Headquarters Directorate/Program Office.

Interested eligible employees must submit a completed Applicant Questionnaire (see [Appendix E](#)) as well as a brief memorandum describing their interest in the Program and relevant experience/qualifications to the Program Facilitator by the closing date of the open period.

Employees can also nominate others for consideration. The local Program Coordinator will contact employees who have been nominated by a third party to discuss their interest in becoming a PSM. If the employee is interested, the Coordinator will request that he or she submit a completed Applicant Questionnaire and a brief memorandum describing the employee's interest in the Program and relevant experience/qualifications to the Program Facilitator. All eligible volunteers will be equally considered.

Once Facilitators receive a list of candidates, they will notify the candidates' supervisors and solicit any feedback that may aid the Facilitator in making a selection decision. The Facilitator will then convene a selection panel,² which will include the local Coordinator. The panel will:

- Review the list of applicants;
- Determine number of applicants to be interviewed based on the number of positions (e.g., 2-3 applicants per vacancy);
- Select applicants for an interview;³ and
- Conduct a standardized interview using open-ended questions and role-play to assess interest, knowledge, current skills, and potential to develop necessary skills.

In order to ensure the highest probability of selecting the appropriate personnel for this crucial role, the Clinical Advisor will participate in the interview process whenever possible, either in person or via video teleconference. When participation in the interview process is not feasible, the panel will make tentative selections, pending a telephonic interview with the Clinical Advisor.

The Program Facilitator will make permanent and suitable alternate selections in coordination with the Clinical Advisor, and will notify the new PSM's supervisor of the selection. Facilitators will arrange the initial peer support training for all selectees. In the event that a permanent selectee is unable to attend the scheduled training, the alternate will be sent.

² If the applicant is a bargaining-unit employee, the panel may include a local Union or council representative if he or she is interested in participating.

³ Selection will be based on the strength of the Applicant Questionnaire, memorandum of interest, and, for those applicants nominated by a third party, the quantity and quality of nominations.

Removal/Withdrawal from the Peer Support Program

The local Program Facilitator has the discretion to recommend that any PSM be removed for cause. He or she must explain the reason for the recommended removal in writing and submit it to the Directorate Program Administrator. Pending the Administrator's decision, the Facilitator will place the PSM on inactive status.

Grounds for removal from the Program include but are not limited to:

- Violation of the Program's Standard of Conduct or Terms of Participation;
- Breach of confidentiality;
- Failure to report a possible conflict of interest or a possible appearance of lack of impartiality;
- Official findings of misconduct;
- Failure to attend mandatory training; and
- Violation of any other Program standard or requirement.

PSMs may withdraw from the Program at any time by notifying the Program Facilitator in writing.

Inactive Status

PSMs may voluntarily elect to be placed on inactive status, or a Program Facilitator may place a PSM on directed inactive status. PSMs who elect to be inactive must notify the Program Facilitator of their inactive status in writing. PSMs who do not request reactivation of status within one year will be considered to have withdrawn from the program.

PSMs who Program Facilitators have recommended be removed from the Program will be placed on directed inactive status pending the Directorate Program Administrator's decision. Additionally, Program Facilitators may recommend that PSMs who are experiencing burnout begin a specified period of inactive status.

PSMs on temporary duty assignments are considered inactive for the duration of the assignment, unless they make arrangements with their local Program Facilitators and the Facilitator at the temporary duty location to continue their Program service.

PSMs on inactive status must attend mandatory training and meetings scheduled by the local Program Facilitator.

Reactivation of Status

Following removal or withdrawal, PSMs may re-apply to be considered for participation in the Program.

PSMs on inactive status who have attended required training and have otherwise remained in good standing with the Program may be reactivated after submitting a written request to their Program Facilitators. Reactivation must be approved by the Directorate Program Administrator and the Clinical Advisor, who upon consultation with each other will set the conditions for reactivation.

Completion/Extension of Time in Peer Support Service

PSMs will volunteer to serve in this capacity for two years. PSMs who have completed their two-year appointments to the Program, and who do not request continued membership, are considered permanently resigned from the Program. PSMs may be eligible to extend their membership in the Program. PSMs who volunteer to continue on the team beyond their initial two-year appointments must:

1. Engage the Clinical Advisor for a clinically-based consultation. This can take place face-to-face or telephonically. Consultations with PSMs can include, but are not limited to: themes of Peer Support discussions, over or under involvement with particular scenarios, support for PSM to avoid vicarious traumatization, compassion fatigue, or burn out.
2. Submit a memorandum to the Program Facilitator explaining their interest to continue in the Program.

Memorandums may be reviewed by the Program Coordinator and the National Program Manager. The National Program Manager, in consultation with the Clinical Advisor and Directorate Administrator, will determine each PSM's eligibility for an additional two-year continuation of appointment.

Training

Program Facilitators, Coordinators, and Members will be provided initial training prior to being confirmed in their positions. PSMs will be certified upon completion of the initial ICE peer support training. Each Senior Training Officer maintains Program training records for their respective office.

Initial Training

Initial Peer Support training is a rigorous 64-hour course that includes:

- Development of skills designed to aid in problem management, not problem resolution, including building rapport, gaining clarity of the problem, and developing a plan of action that may include a referral to other available resources;
- Provision of information on available EAP services;
- Provision of information on common immediate, short-, and long-term psychological reactions to critical and traumatic incidents;
- Provision of information on grief and mourning and development of skills in proper death notification;
- Development of skills in debriefing and defusing;
- In-depth reviews of the Peer Support Program Directive and Handbook, the Program's authorities, and the Standard of Conduct for Peer Support Program Team Members (see [Appendix B](#));
- Instruction on how to maintain confidentiality;
- A written test including multiple choice and essay questions designed to ascertain the degree to which the prospective PSM has understood and assimilated important information and skills. A score of 70 percent or higher is required to pass and be considered eligible for certification. A passing score does not guarantee certification;
- Clinically-based evaluation by the instructor or other licensed mental health professional based on:
 - Demonstration of skills through either role-play or one-on-one, scenario-based oral examination; and
 - Demonstrated ability, through role-play and class participation, to perform the duties of a PSM during emotionally challenging situations.

Follow-on Training

Follow-on training may consist of:

- Instruction and skill-enhancement exercises on specialized topics, such as suicide prevention, chemical dependency, and interpersonal and family relations, as approved by the Clinical Advisor;

- Review of the Program's Directive and Handbook to support understanding and compliance with the Program requirements and parameters;
- Critical Incident Stress Management development where defusing techniques are reinforced and practiced to improve skill levels; and
- Other relevant topics based on data from reports that track the types of activities and services provided through the Program (e.g., alcohol abuse, anger management, familial issues, etc.).

All PSMs must participate in ongoing training each fiscal year as determined by the Governance Board to maintain their certification.

Overview of Services

Types of Services

The Program offers services for crisis intervention and in response to critical or traumatic incidents. In most cases, peer support is the first step toward getting help and does not replace psychological treatment or professional EAP services.

Crisis Intervention

The Program offers a network of trained members who are available to address personal issues or stressors unique to ICE. Because of their daily interaction with coworkers, PSMs have an opportunity to help them manage personal or professional issues before they become chronic or debilitating. PSMs provide information and support so Contacts are better able to make healthy decisions. Making appropriate decisions during challenging situations improves an individual's ability to thrive during critical or traumatic events.

For purposes of peer support work, a crisis is defined as a generalized state of anxiety someone experiences whenever they believe they cannot solve a particular problem. The nature of the problem is not necessarily the PSM's concern; rather, the PSM is concerned with the way the Contact is dealing with the problem. Through crisis intervention, a PSM actively attempts to help the Contact regain a sense of control so he or she is better able to make healthy decisions. Rather than providing a solution to the Contact, the PSM attempts to help the Contact find his or her own solution to the problem at hand.

While engaged in crisis intervention, a PSM has four major responsibilities: build rapport to establish a sense of safety, help the Contact gain clarity on what is causing the distress so a sense of control can be re-established, help the Contact develop a plan of action, and refer the Contact to other services, if needed.

Build Rapport to Establish Safety. Most people are able to cope with, and resolve, the many challenges of daily life. However, normal problem-solving methods do not always work. When this occurs, some people may begin to feel powerless over the problem, and anxiety may result. Additionally, many individuals who work in a law enforcement or sensitive/secure environment view themselves as capable and have a difficult time asking for help. A coworker who reaches out for help may be apprehensive or defensive, especially if the root of the challenge involves information the Contact has never shared with anyone else. PSMs exercise a broad range of skills that enable them to build an environment of safety where the Contact can further explore concerns and options.

Gain Clarity to Establish Focus and Control. Many major challenges are comprised of several smaller problems and have numerous options for handling them. This vast array of options, combined with the cognitive, emotional, and behavioral effects of the crisis itself, may seem overwhelming. The goal of this stage of crisis intervention is to help the Contact organize, prioritize, and further explore his or her concerns. PSMs employ specific skills that enable the Contact to fully examine the specifics of the issue, his or her personal thoughts, beliefs, expectations, and emotional reactions surrounding the issue. Working through this process to gain clarity and establish focus often imparts a heightened sense of control and diminished anxiety.

Develop a plan of Action. Most commonly using a non-directive or cooperative approach, PSMs use specific skills that enable the Contact to determine which decision needs to be made first and what the options and possible outcomes for that problem may be. Effective interaction with a PSM enables the Contact to assume complete ownership of the problem at hand and accept full responsibility in managing it.

Referral. While the PSM may offer information, support, and guidance, it is ultimately the Contact's responsibility to make the problem-solving decisions. As such, PSMs should recognize when a Contact needs professional help and refer him or her to the EAP or other services accordingly. PSMs make referrals in accordance with Program guidelines. However, Contacts are not required to accept or follow through with a referral.

The Peer Support Program is consistent with the EAP but administered separately from it. EAP counselors are trained professionals who are able to address a broad and complex body of issues affecting mental and emotional well-being. A certified PSM is not a licensed counselor or therapist; rather, he or she offers information and direction to cope with emotionally charged matters in a confidential setting. The peer support services provided through the Program are not professional counseling or therapy.

Although distinct, peer support and the EAP are often related, and individuals are more likely to take advantage of EAP services when referred by a trusted peer. Additionally, PSMs are trained to use a variety of techniques to help support their peers in the transition between experiencing a critical or traumatic incident and seeking professional help, if needed.

Critical or Traumatic Incident Response

A critical or traumatic incident is any event that produces an atypical, intense reaction. The event is likely to be unexpected and involve an element of loss. DHS Management Directive 254-03 (DHS MD 254-03) encourages all components to develop and socialize a plan that meets

the needs of its employees as they deal with the emotional effects of traumatic events associated with work. Peer Support and EAP are components of the official traumatic incident management program for ICE and operate within the parameters of the DHS MD 254-03. PSMs are trained to recognize the signs of adverse reactions to stressful events that have the potential to reduce an employee's level of functioning. They are qualified to respond in a manner that can facilitate healthy assimilation and recovery.

Authorized critical incident responses consist of two distinct activities: a Defusing and a Critical Incident Stress Debriefing (CISD).

Defusing. A defusing is conducted by certified PSMs and takes place as soon as possible following the event. When feasible, it should be done on-scene and is best conducted one-on-one. It usually lasts under an hour. PSMs allow impacted personnel to ventilate immediate emotions and share immediate reactions, and they suggest immediate coping methods. A defusing does not interfere with, or take precedence over, operations or investigations. Defusing sessions are subject to the confidentiality provisions of the Program. The information exchanged in a defusing is never discussed nor documented by the PSM other than for reasons related to obtaining mental health advice from the EAP or the Clinical Advisor. While a defusing should be offered to all employees involved in a critical incident, employees cannot be required to accept the services.

CISD. A CISD is a psychological and educational process. It should be conducted not before 24 hours after the incident and as soon as possible thereafter. The CISD is always led by a licensed mental health professional provided by the EAP and with the assistance of peer support personnel. It is a confidential, non-evaluative discussion of the involvement in the incident and the resulting thoughts and feelings. The confidentiality provisions of DHS MD 254-03 apply to the CISD process. It also provides education and discussion regarding stress and coping. A CISD is generally privileged as a patient-client relationship. Program Facilitators, or any supervisor of an affected employee, will offer, explain, and arrange for a CISD for employees directly and indirectly involved in such incidents. While employees may be assigned by their supervisors to attend a CISD, they cannot be required to actively participate.

Critical or traumatic incidents are typically categorized as either a local-level or a national-level event. When a local response is appropriate, Program Facilitators may direct a defusing, request and coordinate a formal CISD, or both. While conducting defusings or helping with debriefings, PSMs must adhere to the ICE Peer Support Program Directive, this handbook, and the standards and practices established in training.

Traumatic Incident Response Team

The TIRT is activated consistent with the Traumatic Incident Response Team Activation and Deployment Protocol ([Appendix A](#)), when the Headquarters Responsible Official, or his or her designee, notifies a Directorate Program Administrator that TIRT services are necessary based on a critical or traumatic incident that has overwhelmed, or has the potential to overwhelm, Program resources in the affected geographical area. Headquarters Responsible Officials may choose to activate the TIRT under any circumstances deemed necessary within their Directorates.

The TIRT is composed of the Clinical Advisor, the National Program Manager, a Program Facilitator, and select PSMs. The National Program Manager or the Program Facilitator will serve as the Team Leader to supervise TIRT activities. Teams may also include a benefits coordinator, a chaplain, and regionally available or nationally sourced EAP licensed mental health providers. PSMs from the local area who are not affected by the event may also provide support to the TIRT as necessary.

Teams will be assembled on an ad-hoc basis. TIRT members will be selected from a regionally available pool of TIRT-trained PSMs based on the unique circumstances of a given incident.

If an event is considered large-scale or mass causality, or involves a multi-jurisdictional response, the Federal Emergency Management Agency (FEMA) may be called upon to support recovery efforts. FEMA conforms to the instructions provided within Homeland Security Presidential Directive (HSPD)-5, which establishes a single, comprehensive National Incident Management System (NIMS). The standardized, on-scene NIMS component used to manage all types of events is the Incident Command System (ICS). If TIRT is deployed to an event where an ICS has been established, the team leader will contact the ICS Liaison Officer, describe TIRT resources and abilities, and learn whether the team can or will be inserted into the ICS. If so interleaved, the team will follow all ICS protocols and procedures.

In addition to all the potential responses to a traumatic incident, large-scale events often add a heightened sense of confusion that can compound negative reactions. Along with conducting defusings and helping with debriefings, TIRT members may conduct a Crisis Management Briefing (CMB) to minimize this confusion. A CMB is a formal process of delivering factual information to any group of individuals who may be impacted by a critical or traumatic incident. The information does not have to be delivered in person (i.e., e-mail, conference call, etc. will suffice), and the group receiving the briefing does not have to have been present at the scene of the incident. The TIRT may also provide command consultation for managers, a respite center, coordination with other critical incident stress management resources, and follow-up.

The TIRT will always deploy upon an employee line-of-duty death, employee suicide, or any man-made or natural disaster or accident resulting in the death of an employee.

The TIRT will remain in service until the Headquarters Responsible Official determines that local peer support resources are sufficient for an ongoing response to an incident, based on recommendations from the Directorate Program Administrators, and in consultation with the Clinical Advisor.

Selection of Traumatic Incident Response Team Members

Each Program Facilitator will be placed on a rotation to deploy with and lead the TIRT upon activation. The Directorate Program Administrators determine the rotation and the number of PSMs required for participation on each TIRT.

As vacancies occur on the TIRT, the Directorate Program Administrators will solicit Program Facilitators for eligible TIRT candidates who meet the following eligibility for consideration:

- PSM in good standing;
- Last performance rating of at least “fully successful” for bargaining unit employees, or “achieved expectations” for non-bargaining unit employees;
- Ability to deploy on short notice for indeterminate periods of time; and
- Recommended by the first-line supervisor and the Program Facilitator.

TIRT applicants must submit a brief, supervisory-approved memorandum addressing each of the above qualification factors to the Program Facilitator. The Program Facilitator will screen all TIRT application packets to confirm eligibility and will forward all eligible completed packets to the respective Directorate Program Administrator for consideration and final selection.

TIRT team leaders will be provided additional training, which includes:

- Building on peer support skills to manage major incidents, provide assistance following terrorist attacks, major disasters, large-scale law enforcement incidents, and death of or injury to employees or their immediate family members;
- Protocols for activation and deployment;
- Reinforcement of DHS incident management training as it applies to the Program;
- ICE-approved specialized and related training that may be provided by the American Red Cross, the International Critical Incident Stress Foundation, the Emergency Management Institute, or the Federal Law Enforcement Training Center; and
- Advanced law enforcement and emergency services response training (e.g., NIMS).

Peer Support Program Uniform for Deployed Peer Support Team Members

In order to increase safety of deployed ICE PSMs, and to quickly and visibly draw attention to the unique skillset they possess, mandatory official attire will be made available to, and worn by, PSMs. The official Peer Support Program uniform consists of an ICE polo shirt and jacket.

Frequently, more than one agency responds to an event that requires peer support. As such, PSMs deploy to areas and offices where they are not known. This dynamic presents safety and effectiveness issues. Mandatory uniforms alleviate these issues and identify PSMs as friendly assets. Official attire also implies confidentiality and safety for ICE employees under distress and establishes credibility that increases the likelihood that assistance will be requested and/or accepted.

The official Peer Support Program uniform represents compliance and integrity. Only certified PSMs in good standing, on duty, and engaged in official activities are authorized to wear articles of the uniform. Official duties include:

- Deployments as described in this handbook;
- Providing or receiving training directly related to the Program; and
- Program related liaison duties with outside agencies.

All PSMs will receive the official Peer Support Program uniform.

Additional Considerations

Handling Confidential Information

Program staff must make reasonable efforts to ensure they are not privy to any confidential information regarding Contacts whom they are not assisting. Further, Program staff may not use any confidential information gathered through their association with the Program as a part of any proceeding or investigation, unless an exception to confidentiality exists for the given situation (see page 9).

Time Management

PSMs will make every effort to balance their regular duties with the Program services they may provide. PSMs must notify their supervisors when providing services during duty hours but must not divulge the name of the Contact seeking services or the presenting issue. Outside of duty hours, only a Coordinator (with supervisory approval), a Facilitator, or any supervisor can activate a PSM into service. If a PSM is activated into service outside of duty hours, his or her supervisor may authorize AUO, LEAP, overtime, compensatory time, or other appropriate premium pay, consistent with applicable statutes, rules, regulations, or agency policies.

Reporting

Program Facilitators must submit monthly reports to their respective Directorate Program Administrators. The reports should include the number and type of interactions that PSMs have with Contacts, including interactions with the Program Advisor, the EAP, or an external service. Reports must not identify PSMs or Contacts.

How to Obtain Services

Crisis Intervention

Employees who would like to obtain services from the Program should approach a PSM directly. Rosters listing active PSMs' names and phone numbers will be posted on the ICE intranet and in approved locations in a Field Office or Headquarters Directorate or Program Office. PSMs do not generally initiate unsolicited peer support interaction with coworkers. If an employee would like help from the Program but does not know any PSMs or how to contact them, he or she should contact the local Program Coordinator and request assistance in getting in touch with a PSM.

In the case where a supervisor, colleague, friend, or family member approaches a PSM out of fear that an individual may commit suicide, PSMs will follow procedures provided in basic training.

Critical Incident Response

Defusings and debriefings are official Traumatic Incident Response Plan actions. Following a critical incident, supervisors will inform the Program Facilitator of the event and will inform impacted personnel of the services available through the Peer Support and Employee Assistance Programs.

APPENDIX A

Traumatic Incident Response Team Activation and Deployment Protocol

Pre-Deployment

Activation Directive. A Headquarters Responsible Official, or his or her designee, directs the activation of the Traumatic Incident Response Team (TIRT).

Information. The Directorate Program Administrators compile details about the incident and the initial operational and peer support response. This information is valuable in determining what resources are necessary for TIRT deployment.

Team Member Identification. The Directorate Program Administrators make decisions regarding the specific composition of the TIRT by determining the number of team members required, soliciting the Clinical Advisor for team deployment, and soliciting chaplaincy services when necessary.

The Directorate Program Administrators contact Program Facilitators to identify TIRT members regionally available in the impacted area of the traumatic incident for deployment.

Travel Arrangements and Logistics. The National Program Manager coordinates travel arrangements and identifies equipment or other resources required for TIRT response.

Pre-Deployment Briefings. The Clinical Advisor and the local Program Coordinator conduct pre-deployment briefings to coordinate the delivery of services and to evaluate local conditions.

Deployment

Initial Communication. The Team Leader makes initial interaction with the impacted management team, Program Facilitator, and Program Coordinator.

Assessment. The Team leader and the Clinical Advisor evaluate the specifics of the incident and formulate an incident-specific Service Delivery Plan (SDP) for peer support services. The SDP may include any or all of the following modalities, or others not listed:

- Defusings;
- Group Debriefing;
- Follow-up referrals; and/or
- Team monitoring by the Clinical Advisor.

Team Briefing. The Team Leader and the Clinical Advisor will brief team members on the specifics of the incident, the specifics of the SDP, and other important information or hazards.

Post-Deployment

Post-Deployment Debriefing. The Clinical Advisor debriefs team members upon conclusion of activation, addressing direct or vicarious trauma concerns.

After-Action Reporting. The Team Leader prepares after-action reporting for the Program Coordinator and the Directorate Program Administrators.

Executive Deployment Summary. The Clinical Advisor prepares an executive summary of the deployment for submission to the Directorate Program Administrators. This summary is used to identify best practices, specific challenges presented by the incident, and opportunities for future training or program review.

Monitoring and Periodic Follow-Up. The local Program Facilitator monitors team members after the conclusion of the deployment for signs of trauma or stress and conducts periodic follow-up to promote their well-being.

APPENDIX B

Peer Support Program Standard of Conduct for Peer Support Team Members

PREAMBLE

The Peer Support Program Standard of Conduct establishes a level of quality to which Peer Support Members (PSMs) should aspire when serving colleagues and their families. The Standard is based on peer support activities, personal conduct, goals, and values.

COMPETENCY

PSMs must recognize the purpose of the Program, including the boundaries of PSM competencies and limitations. PSMs will participate in education and training programs provided to improve and enhance PSM skills. PSMs do not represent or replace professional psychological services. PSMs encourage the use of competent and legitimate resources, both internal and external to ICE.

INTEGRITY

PSMs promote integrity by dealing with peers and Contacts in an honest, fair, and respectful manner. PSMs will take care to not overstate PSM qualifications or services, and PSMs will provide services within the parameters of the Program.

RESPONSIBILITY

PSMs must maintain a high expectation of adherence to these standards of conduct, and recognize that PSM general work and off-duty behavior can be scrutinized by employees and dependents, and the Program itself judged thereby. Accordingly, PSM behavior should always reflect the utmost professionalism to ensure the integrity of the Program. PSMs serve the best interests of Contacts, colleagues, and self.

RESPECT

PSMs respect the rights of Contacts and are aware of possible adverse impacts on Contacts in light of their values, beliefs, and opinions. PSMs strive to remain nonjudgmental and respectful of diversity and abstain from espousing any particular moral standard, religious belief, or philosophy to Contacts. PSMs do not discriminate on account of one's race, color, religion, sex, national origin, age, political affiliation, disability, genetic information, or sexual orientation.

CONFLICTS

PSMs recognize that personal problems and conflicts may interfere with PSM effectiveness. PSMs consult with the EAP or the Clinical Advisor to determine whether it is appropriate to alter, limit, suspend, or terminate peer support activities. PSMs are open to suggestions about seeking psychological services for their own benefit.

RELATIONSHIPS

PSMs do not enter into personal, financial, or other relationships with Contacts to the extent that those relationships could impair PSM objectivity and thus interfere with PSM effectiveness or have undue influence on the Contact. PSMs are aware that accepting gifts from Contacts may create potential for conflict, exploitation, and distortion of the relationship, and know that giving or receiving any gifts must be consistent with and limited by the Standards of Ethical Conduct for Employees of the Executive Branch as well as DHS and ICE policy.

PSMs are aware of the vulnerable nature of certain situations and refrain from entering into intimate or social relationships (e.g., dating) with Contacts or their family members. PSMs recognize the possibility of exploitative interactions due to a Contact being emotionally vulnerable at the time of services.

Peer support relationships are limited in duration. If Contacts require extended services, PSMs refer the Contact to an appropriate and qualified resource, such as the EAP.

PSMs do not impede any disciplinary proceeding or official investigation or attempt to act as a representative for the employee.

TERMINATION

PSMs are aware that termination of peer support relationships can be a sensitive issue. PSMs terminate a relationship when it becomes reasonably clear that the Contact is no longer benefiting from continued peer support service. PSMs always place the needs of the Contact above personal desire to want to continue helping past the point that services are useful. When appropriate, PSMs refer Contacts to the EAP or other appropriate outside services upon termination so that they do not feel abandoned.

CONFIDENTIALITY

PSMs discuss the scope of program confidentiality with Contacts prior to offering services. PSMs provide services in a manner that respects the privacy of the Contact. PSMs never disclose any information about Contacts except in those circumstances articulated in the *Peer*

Support Program Handbook. PSMs do not keep written case notes or other identifying documentation that, if discovered, could breach confidentiality.

APPENDIX C

Confidentiality Statement for Peers

The Peer Support relationship is not established until we discuss the Peer Support Program's confidentiality policy and I provide you a copy of this Confidentiality Statement. As a Peer Support Member, I am trained to help you find a solution to your problem at hand. My role is to listen to you, help you find your own solutions to problems, and provide referrals to trained professionals who can provide support when necessary. As a Peer Support Member, I cannot advocate on your behalf in any capacity.

I respect and will safeguard your identity and privacy, subject to the confidentiality provisions in the Peer Support Program Directive and Handbook and DHS policy.

While our conversation regarding personal matters is confidential, I will not discuss any criminal activity with you in which you might be involved or that must otherwise be reported to law enforcement officials. As a Peer Support Member, I am obligated to report criminal activity.

I am prohibited from documenting or discussing my interaction with you, except in situations where:

- *You provide express written consent;*
- *The law requires disclosure;*
- *You have been determined to be a threat to yourself or others; or*
- *You are involved in domestic violence, child abuse, or elder abuse.*

Further, I am required to disclose serious misconduct that any ICE employee would be required to report to the Joint Intake Center, the Office of Professional Responsibility, or the Office of the Inspector General.

I may discuss your needs in a generic, non-identifiable way for purposes of determining the need for a mental health consultation with the Clinical Advisor or a licensed Employee Assistance Program (EAP) provider.

If you wish to discuss issues in a more confidential setting, I can direct you to the EAP.

APPENDIX D

Recruitment Template

U.S. Immigration and Customs Enforcement (ICE)

Collateral Duty: PEER SUPPORT MEMBER

Open Dates:

Location(s) requiring Peer Support Members:

The Peer Support Program is comprised of ICE employees who volunteer and are trained to help others meet life's challenges. They offer emotional support, guidance, and service referrals in a confidential setting to coworkers and, on a limited basis, to their family members. Individuals may seek support whether they are dealing with personal or professional issues or to obtain assistance in response to a critical or traumatic incident.

The Program recognizes that employees are often more inclined to reach out to a peer for help during times of distress rather than seek assistance from a mental health professional. Speaking to a peer who understands and relates to the demands of the job provides a unique bridge for ICE employees who would like assistance but may be uncomfortable seeking it from traditional avenues.

Specifically, the Peer Support Program helps employees by:

1. Providing emotional support to employees who express a need for assistance during and after times of personal or professional crisis;
2. Offering support following a critical or traumatic incident;
3. Supporting employees and their families during tragedies and times of grief; and
4. Suggesting resources for professional assistance to employees and their families whenever necessary during times of trauma, grief, or other personal and professional problems.

Peer Support Members (PSMs) serve voluntarily and as a collateral duty, and the need for PSMs will be determined by the local Peer Support Program Facilitator. All non-probationary employees may apply to be PSMs when the Peer Support Program Facilitator solicits for volunteers in their area.

Skills and traits beneficial for applicants and nominees to the Peer Support Program:

- Previous education and training in psychology or mental-health counseling;
- Previous training in crisis intervention;
- Previous peer counseling roles;

- Maturity, sound judgment, and credibility;
- Personal experience;
- Empathy;
- Motivation for participation; and
- Superior communication skills.

Eligibility:

- Must be an ICE employee not on probationary status. Must have a most recent performance rating of at least “fully successful” (bargaining unit employees) or “achieved expectations” (non-bargaining unit employees);
- Must be willing to work outside assigned duty hours for critical or traumatic events.

All applicants and nominees must agree to the Standard of Conduct for Peer Support Team Members as well as the terms of participation below:

- Maintain confidentiality based on the guidelines provided in the *Peer Support Program Handbook*;
- Be empathetic;
- Be motivated and able to manage time effectively to allow for minimal impact on regularly assigned duties;
- Attend and successfully complete the Peer Support training program;
- Be sensitive to issues related to diversity and be willing to help Contacts with different ethnic, cultural, religious, etc. backgrounds;
- Commit to attending all peer support meetings and mandatory training; and
- Agree to respond to service requests after hours in the event of critical or traumatic incidents as personal and work requirements allow.

Peer Support Member Application Process:

Interested eligible employees must submit a completed Peer Support Member Questionnaire and a memorandum of interest to the local Peer Support Program Facilitator by the closing date of the open period. All eligible volunteers will be afforded equal consideration. Open periods for soliciting PSMs will be broadcast via e-mail to all employees.

The local Peer Support Program Facilitator convenes a panel and interviews eligible candidates. The interviews will consist of open-ended questions and role-plays to assess interest, knowledge, current skills, and potential to develop necessary skills.

APPENDIX E
APPLICANT QUESTIONNAIRE

Candidate _____

Why do you want to help your peers?	
If selected, what reservations, if any, would you have about your ability to carry out this responsibility?	
Please discuss your ability to set limits for yourself, or your ability to say: "I'm sorry, I'm not available at this time."	
In a support session, how will you know when you are in a situation in which you need to refer the peer for EAP assistance as opposed to offering peer support?	
Please discuss your ability to maintain composure in stressful situations.	
Briefly and without including any identifying information, describe a time when someone reached out to you for help regarding a personal problem. What was the result?	

APPENDIX F

DEFINITIONS

Confidential – Information that is communicated or passed secretly and entrusted with the confidence of another.

Contact – Individual seeking peer support services.

Crisis – A generalized state of anxiety someone experiences whenever they believe they cannot solve a particular problem.

Crisis Intervention – A PSM’s active attempt to help a Contact regain a sense of control so he or she is better able to make healthy decisions.

Critical Incident – An event related to official acts (on or off duty) that results in serious bodily injury to, the disappearance of, or the death of any individual. Such incidents include, but are not limited to any activities (on or off duty) in which an:

- ICE employee;
- other individuals working for the agency in non-employee status (e.g., contractors, detailees);
- a cross-designated officer;
- a task force officer; or
- any other individual acting pursuant to ICE authority, acting in an official capacity and within his or her scope of employment;

was either involved or at which he or she was present. See ICE Directive, “Response to and Evaluation of Critical Incidents.”

Defusing – An informal discussion between PSMs and affected personnel that occurs as soon as possible after a critical or traumatic incident. PSMs allow impacted personnel to ventilate immediate emotions and share immediate reactions, and they suggest immediate coping methods.

Critical Incident Stress Debriefing – A confidential, non-evaluative discussion of the involvement in, thoughts, and feelings resulting from the incident that is always led by a qualified mental health professional provided by the EAP, and with the assistance of peer support personnel. It also provides education and discussion regarding stress and coping. It should be conducted no sooner than 24 hours after the incident and as soon as possible thereafter.

Employee Assistance Program (EAP) – A confidential counseling program that offers assessment, short-term counseling, and referral services to employees for a wide range of problems that could interfere with work performance. (See DHS Management Directive 254-02, Part IV(B).) EAP resources can be found at:
<http://dhsconnect.dhs.gov/org/comp/mgmt/dhshr/emp/Pages/EAP.aspx>.

Family Members – A spouse and the spouse’s parents; children, including adopted and stepchildren and their spouses; parents and their spouses; siblings and their spouses; domestic partners and their parents; domestic partners of the aforementioned family members; and any individual related by blood or affinity whose relation to the employee is the equivalent of a family relationship. (See DHS Management Directive 254-03, Appendix A(5).)

Field Responsible Official – The highest-ranking official in any ICE field location. This includes Special Agents in Charge (SACs), Field Office Directors (FODs), Attachés, Chief Counsels, and any other officials who have been designated in writing by the ICE Director.

Headquarters Responsible Official – Any Executive Associate Director (EAD) of Homeland Security Investigations (HSI), Enforcement and Removal Operations (ERO), and Management and Administration (M&A); and the Assistant Directors, Officers, or equivalent positions who report directly to the Director, Deputy Director, the Chief of Staff, or the EAD for Management and Administration.

Line of Duty Death – The death of a law enforcement officer that was a direct or proximate result of a personal injury sustained while engaged in a mission-related law enforcement activity or in direct support of any law enforcement activity, which may include off-duty interventions in order to save life or limb.

Mental Health Consultation – The involvement of the Clinical Advisor or a licensed EAP mental health provider that provides information, techniques, and skills to peer support members to improve their interactions and work with Contacts. Mental health consultation may also provide assistance in managing the damaging effects of vicarious trauma in order to produce healthier and more effective employees.

Monthly Peer Support Contact Summary – Information submitted by Peer Support Members to the Peer Support Coordinator listing the number and type of peer contacts made each month without including any information that would identify the peer or the Peer Support Member.

Peer Support Activation – The initiation of peer support services.

Peer Support Program – A voluntary program staffed by ICE employees that offers assistance and service referrals to fellow ICE employees during times of personal and/or professional crisis or stress. (See DHS Management Directive 254-03, Appendix A(5).)

Traumatic Incident – Any uncontrollable event or series of events that can overwhelm an individual’s defense mechanisms, such as direct or indirect involvement in shootings; assaults; hostage incidents; suicides; threats on life, family, or property; vehicular, helicopter, or airplane crashes; or major injuries. (See DHS Management Directive 254-03, Appendix A(7).)

Traumatic Incident Response Team – A team consisting of one Peer Support Program Facilitator, the Clinical, a Peer Support Program Coordinator, and a group of PSMs who have received specialized training in critical-incident response management. Depending on circumstances, the team may include EAP licensed mental health providers.