



Law Enforcement Peer Support Specialist Training Standards

Established pursuant to NY Executive Law §837-z

NYS Executive Law §837-z establishes confidentiality protection for communications arising from law enforcement peer-to-peer support and sets standards governing their disclosure during formal sessions. By promoting confidentiality, the law strengthens peer support programs and encourages open, honest dialogue while addressing concerns regarding protected information.

Pursuant to this law, any police officer as defined in Section 1.20 (34) of the Criminal Procedure Law – and designated by a law enforcement agency as a peer support specialist in providing peer-to-peer support, must complete an approved training in peer support that meets the minimum training standards established by the NYS Division of Criminal Justice Services (DCJS).

With the endorsement of the Municipal Police Training Council, DCJS has established the following minimum training standards required to obtain confidentiality protections when providing peer-to-peer support under New York Executive Law § 837-z. Individuals designated as peer support specialists are required to complete a training program that meets the requirements of these standards outlined below. Examples of training programs meeting these requirements, along with additional resources, are included at the end of this document.

Training Standards

The training program shall include instruction addressing, at a minimum, the subject areas set forth herein. The total duration of such training shall be no less than 32 hours.

Nothing in this section shall be construed to require a specific number of instructional hours for any individual topic. Training providers may allocate time among the required subject areas in a manner that reasonably ensures adequate coverage of each topic, consistent with the overall objectives of the training.

Training programs that incorporate or rely upon pre-existing curricula may be utilized, provided that the program, in its totality, addresses all required subject areas and meets or exceeds the minimum total hour requirement established herein.

The Course Director must determine that a training program satisfies the requirements of this section where the content, scope, and duration, taken as a whole, are substantially equivalent to or exceed the standards set forth.

I. Role and Responsibilities of the Peer Support Specialist

Training will provide a clear understanding of the roles and responsibilities of a peer support specialist. It will emphasize that the role is intended to offer peer-based support rather than clinical intervention by clearly defining boundaries between these functions.

II. Communication Methods and Techniques

Training will provide instruction to develop a peer support specialist's knowledge and the application of the knowledge to accompanying skills in the following areas:

- a. Use active or reflective listening and empathy skills when communicating with a peer,

- b. Recognize both verbal and non-verbal cues that indicate a peer's emotional state,
- c. Build rapport and trust with a peer,
- d. Acknowledge communication barriers and ways to engage a peer, and
- e. Use a trauma-informed approach to normalize emotional reactions and encourage officers to speak freely.

III. Stress Recognition and Management Strategies

Training will provide instruction to peer support specialists on the identification of work-related and non-work-related stress. This will include understanding the impact of cumulative stress and critical incidents on officers and employees, as well as recognizing non-work-related stressors such as family or marital difficulties, financial strain, health concerns, caregiving responsibilities, grief and loss, and other significant personal life events. The training will also focus on implementing appropriate strategies to help mitigate these effects.

IV. Physical and Mental Health Awareness and Intervention

Training will provide instruction to the peer support specialist on suicide, mental, and behavioral health symptoms in the following areas:

- a. Recognition of suicide risk factors and warning signs in law enforcement, initiation of appropriate referrals, and emergency response when a peer has exhibited a threat of suicide or an expression of suicidal ideation. Suicide risk factors to be addressed include but are not limited to:
 - i. talking about wanting to die,
 - ii. talking about guilt, shame or being a burden to others,
 - iii. expressed feelings of hopelessness,
 - iv. unbearable emotional or physical pain,
 - v. researching or planning ways to die, and

- vi. withdrawing from friends and family.
- b. Recognition of signs, symptoms, and occupational risk factors associated with behavioral and mental health symptoms to include at minimum:
 - i. disturbances in thinking,
 - ii. disturbances in mood,
 - iii. changes in sleep and appetite,
 - iv. changes in relationships,
 - v. changes in job performance,
 - vi. post-traumatic stress, and
 - vii. substance abuse.

V. Referrals and Continuum of Care

Referral and Continuum of Care instruction will cover the following:

- a. Recognizing when to refer a peer to a mental health professional(s), the steps of the referral process, awareness of resources available and instruction on how to promote ongoing recovery with wellness activities.
- b. Identifying verbal, behavioral, and situational indicators associated with suicidal intent and expressions of distress, and apply appropriate response strategies that prioritize safety, support, and timely referral when risk is present.
- c. Review of Executive Law Section 837-z confidentiality protections and requirements for disclosure of communications made during a formal peer support session that contain a threat of suicidal or an expression of suicidal ideation; a threat of bodily harm or death; an admission of criminal conduct; or information relating to the abuse or neglect of a child.

VI. Peer Specialist Self-Care

Peer specialist self-care instruction will cover the following:

- a. Strategies to recognize signs and symptoms of secondary trauma, compassion fatigue, moral injury and burnout to include:
 - i. techniques to mitigate their impact through healthy coping mechanisms, stress management, and boundary setting including access to appropriate wellness resources to sustain the ability to provide effective peer support, and
 - ii. the impact of these stressors on family members and personal relationships, emphasizing the importance of family awareness, communication, and support.
- b. Strategies for maintaining healthy work-life balance, recognizing signs of stress within the family unit, and accessing family-centered resources and supports to promote overall well-being for both the peer support specialists and their family.

VII. Professional Development

Training will provide instruction on the importance of ongoing professional development to reinforce peer support skills, stay current with evidence-based best practices and research, while strengthening the peer support specialist's resilience and overall effectiveness.

- a. Training should foster a culture of continuous learning encouraging peer support specialists to engage in professional development opportunities at least once every three years.
- b. Ongoing professional development may include, but is not limited to, the following topic areas:
 - i. advanced communication and active listening skills,

- ii. updates on trauma-informed care,
- iii. secondary trauma and compassion fatigue,
- iv. suicide awareness and intervention,
- v. cultural competency and diversity considerations,
- vi. ethical decision-making and confidentiality,
- vii. resilience-building strategies, and
- viii. continued awareness of available wellness resources and referral processes.

Law Enforcement Peer Support Specialist Training Standards Agency Resources

Peer Support Specialist Training Documentation

Although there is no requirement to report peer support specialist training to DCJS, agencies that wish to have successful completion of a qualifying training course reflected on an officer's DCJS Acadis training record may submit course completion documentation to the DCJS Office of Public Safety Course Approval Unit.

To assist agencies with this process, the Course Director must complete the designated attestation and electronic course completion roster (linked below) and submit both to DCJS. The Course Director's attestation confirms that the officers listed on the electronic roster have successfully completed all components of a training course that meets the minimum training standards for Peer Support Specialist.

[Course Director Attestation – Peer Support Specialist](#)

[Peer Support Specialist Course Completion Roster](#)

Completed forms and or questions related to course documentation can be submitted to the DCJS Course Approval Unit via email at OPS.CourseApproval@dcjs.ny.gov.

Qualifying Training Programs

The courses listed below are examples of training programs that meet the training standards; they are not an exhaustive list of all available trainings. The determination of whether a training course meets the peer support specialist training standards is the responsibility of the Course Director and confirmed through the completion of the peer support specialist attestation.

- International Critical Incident Stress Foundation – Assisting Individuals in Crisis and Group Crisis Intervention (32 Hours)
- Fraternal Order of Police – Power in Peers (40 hours)

To further assist agencies in meeting peer support specialist training standards, the courses listed below may be used as supplemental training resources and leveraged to enhance an agency's wellness program, supporting employee resilience, stress management and mental health initiatives.

- TEEX: Support that Saves Lives: A Guide to Building and Supporting a Peer Support Program (24 Hours)
- Applied Suicide Intervention Skills Training (ASIST) (15 Hours)

Any questions regarding the training standards or reporting can be directed to ops.generalpolicing@dcjs.ny.gov

First Responder Mental Health Needs Assessment

In 2024, NYS Division of Homeland Security and Emergency Services worked with the Benjamin Center in collaboration with the Institute for Disaster Mental Health at SUNY New Paltz on the first ever first responder mental health needs assessment in NYS. The assessment included an anonymous survey (completed by over 6,000 responders in NYS) and focus groups to better understand the current mental health related challenges facing the first responder community. The assessment is a useful resource as it includes a variety of insights regarding the mental health challenges facing first responders, barriers preventing responders from seeking care, and some potentially beneficial services.

A link to the assessment is included below:

<https://www.dhSES.ny.gov/system/files/documents/2025/02/2025-first-responder-mh-needs.pdf>

Executive Law 837-z

Executive Law 837-z sets forth confidentiality protections to police officers designated as peer support specialist, parameters of disclosure and guidance to document peer to peer communications. A link to the statute is included below:

<https://www.nysenate.gov/legislation/laws/EXC/837-Z>