



PROFESSIONAL COUNSELING DIVISION



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INDEX CATEGORY:	Personnel Support		

I. PURPOSE

This directive:

- A. describes the services under the Professional Counseling Division (PCD) for active or retired members and their families who may seek counseling assistance.
- B. describes the services available to active and retired Department members and their families under the Alcohol-use and Other Addictions Services Program, Peer Support Programs, TISMP, and EAP.
- C. outlines policy regarding confidentiality, as it applies to the Chicago Police Department's Professional Counseling Division (PCD).
- D. provides information for general counseling, referral services, and procedures for crisis intervention.
- E. continues the Employee Assistance Program Authorization for Release of Information form (CPD-62.482).
- F. satisfies CALEA Law Enforcement Standard Chapter 21, 22, 33, and 35.

II. POLICY

- A. The Department is committed to promoting and protecting the safety and well-being of all active and retired Department members and their families. The Department recognizes that members experience personal difficulties that may impact their personal and professional lives. The Department supports and encourages members in securing quality and confidential assistance.
- B. In keeping with this commitment, the Department has established under the Professional Counseling Division the following programs: Employee Assistance Program, Traumatic Incident Stress Management Program, Alcohol-use and Other Addictions Services Program, and Peer Support Program.
- C. A supervising psychologist serves as the Director, Professional Counseling Division, and oversees the EAP, which is staffed with licensed mental health professionals, certified alcohol-use disorder and other substance-use disorder counselors, and trained peer support counselors who provide confidential counseling and consultation.
- D. A member will be defined as all active, retired, sworn, and civilian Department members and their immediate family, unless otherwise indicated.

III. GENERAL INFORMATION ON PROFESSIONAL COUNSELING

- A. The PCD unit of the Chicago Police Department is staffed by sworn and civilian counselors and provides services to active and retired Department members and their families who are seeking counseling. The PCD is not located in a police facility.

- B. To request counseling services, the PCD may be contacted **Monday through Thursday between 0830 to 1900 hours and Friday between 0830 to 1700 hours via telephone at 312-743-0378 or PAX 0578.**

NOTE: All requests outside the hours of operation will be directed to an answering service. If the member requests for immediate contact during a crisis or emergency, a mental health clinician, alcohol-use or substance-use counselor, or peer support member will be notified immediately via telephone.

- C. Non-emergency general counseling sessions with an EAP licensed mental health professional will be held within two weeks of a member's request. Emergency counseling sessions will be conducted within 24 hours of the request.

- D. All of the voluntary services offered by the Professional Counseling Division are available to active or retired Department members and their immediate family.

- E. All counseling services provided by the Professional Counseling Division are **free of charge.** Information regarding referral sources, credentials, programs, and the level of care provided may be obtained by the Professional Counseling Division.

NOTE: Non-Department providers, including private therapists, specialists, hospitals, and other outside agencies may separately charge fees for their services.

- F. Licensed mental health professionals employed by the EAP will not participate in fitness for duty evaluations. These will be conducted exclusively by third-party licensed mental health professionals.

- G. The PCD can be contacted by email, telephone, or in person for information regarding a counseling appointment.

- H. Communications between the therapist and the counseled member will be confidential. The PCD may not use or disclose protected health information, except as permitted or required by law, including the Mental Health and Developmental Disabilities Confidentiality Act, and when consistent with the City of Chicago HIPAA Privacy Policies and Procedures.

- I. Consistent with [740 ILCS 110/3](#), a therapist is not required to maintain personal notes, but any such notes are the personal property of the therapist and are not subject to discovery in any proceeding.

IV. PROFESSIONAL COUNSELING CONFIDENTIALITY

- A. Any active Department member (sworn or civilian), their immediate family, or retired Department individuals can avail themselves of the services of the PCD. The services provided are covered by the confidentiality policy unless exceptions are imposed by law or by ethical constraints mandated in the regulations of professional counseling organizations.

- B. The four exceptions to the confidentiality policy imposed on all therapists are:

1. **Threats of physical harm**—If any individual in counseling threatens to harm another person, the counselor is required by law and professional regulation to notify the person threatened and the local police department.
2. **Suicide**—Any counselor who reasonably believes that a client is seriously contemplating suicide is required by law and professional regulation to do everything possible to prevent such an attempt, including making whatever notifications necessary to stop the attempted suicide.
3. **Child and Elder abuse**—If a therapist reasonably believes that a client has abused or neglected a child or elderly individual the therapist must notify the appropriate agency of such abuse.
4. **Malpractice**—A therapist may use counseling material in defense to malpractice allegations.

NOTE: The exceptions to confidentiality as outlined in Item V-B of this directive for the EAP are imposed by law or by professional regulation on all psychologists, psychiatrists, family therapists, and psychotherapists.

- C. The PCD may not use or disclose protected health information, except as permitted or required by law, including the Mental Health and Developmental Disabilities Confidentiality Act, and when consistent with the City of Chicago HIPAA Privacy Policies and Procedures, that are designed to comply with the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act of 2009, and their implementing regulations. Consistent with the City of Chicago HIPAA Privacy Policies and Procedures, the PCD:
1. will make their client(s) aware of the use and disclosure of protected health information that may be made by the PCD;
 2. will make their client(s) aware of the client's rights and the PCD's legal duties, with respect to their protected health information;

NOTE: It is the right of the member to keep this information confidential and a release authorizing disclosure of any protected information must be executed voluntarily and without duress.

- D. If a child of a Department member is in counseling with the PCD, the member is advised to discuss any limitations to confidentiality with the counselor prior to the start of counseling.
- E. Counseling notes will not be maintained on any employee in counseling unless prior approval, in writing, has been obtained from the employee.
- F. No auditing of the counseling documents maintained by the PCD can be conducted by the Civilian Office Police Accountability (COPA), the Office of the Inspector General, or any other entity.

NOTE: The Chicago Police Department will determine whether members who have experienced a duty-related traumatic incident have attended the mandatory counseling sessions and have completed the **Traumatic Incident Stress Management Program** on an annual basis.

V. STRUCTURE OF EAP PROGRAM

- A. The EAP is structured around a commitment to privacy and confidentiality that mandates no information, including identifying factors, identifying biographical material, clinical notes, or therapy issues, be reported to or requested by the Department or third parties, except as may be required by law. Individual members may expect, and will be granted, the highest level of privacy provided by law when voluntarily seeking counseling assistance through the EAP consistent with the Mental Health and Development Disabilities Confidentiality Act and the City of Chicago Health Insurance Portability and Accountability Act (HIPAA) Privacy Policies and Procedures, which are designed to comply with the Americans with Disabilities Act, the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act of 2009, and their implementing regulations. Refer to Item IV of this directive for a full explanation of the confidentiality policy, including exceptions.
- B. The Director, Professional Counseling Division, will ensure that all EAP licensed mental health professionals and counselors are current with their continuing education standards, licensure, and certifications necessary for Mental Health Clinicians and Alcohol and Other Drug Counselors as mandated by State of Illinois professional standards.
- C. The EAP will offer initial recruit training and provide in-service training to all Department members at least every three years. The initial recruit training and in-service training will include stress management, alcohol-use and substance-use, officer wellness, and other support services.
- D. The counselor may disclose a client's participation in the EAP after the client has first signed an Employee Assistance Program Authorization for Release of Information form (CPD-62.482) to release that information.

- E. The counselor may require a member to sign an Employee Assistance Program Authorization for Release of Information form (CPD-62.482) permitting disclosure for a limited stated time period of the member's participation PRIOR to providing services as a condition of participation in the EAP.

VI. EAP SERVICES AVAILABLE

- A. The EAP has been established to provide confidential supportive assistance consisting of clinical services, alcohol and other addictions services, peer support, and traumatic incident stress management.
- B. The services provided by the EAP unit are designed and tailored to meet the unique needs of each and every Department member, members of their family, or retired members seeking assistance. This is accomplished by maintaining a network of quality resources (e.g., treatment facilities, self-help and support groups, stress management training) that allow the unit to respond promptly to the needs of an individual.
- C. The clinical services provided by the EAP incorporate consultation, referral, short-term counseling, and case management. These initial services are provided at no cost to the client. The comprehensive clinical services include:
1. Suicide Awareness Training and Prevention;
 2. 24-hour crisis intervention services;
 3. stress management and/or other training;
 4. couples counseling;
 5. individuals counseling;
 6. family crisis intervention;
 7. Armed Services/Veteran Support;
 8. grief counseling;
 9. group counseling;
 10. communication skills; and
 11. anger management and conflict resolution.

VII. ALCOHOL-USE AND OTHER ADDICTIONS SERVICES PROGRAM

- A. The Alcohol-use and Substance-use Services Program is staffed by specially selected and trained sworn Department members that are certified alcoholism and other substance abuse counselors. The Alcohol-use and Substance-use Services Program is administered by a supervisor that reports to the Director, Professional Counseling Services Division. The Alcohol-use and Substance-use Services Program will:
1. provide services to active and retired Department members and their families that may be experiencing difficulty with problems related to alcoholism or other addictions, including gambling. The Alcohol-use and Substance-use Services Program can be contacted Monday through Thursday between 0830 to 1900 hours and Friday between 0830 to 1700 hours via telephone at 312-743-0378 or PAX 0578;
 2. hold regularly scheduled anonymous meetings, support groups and programs for members, their immediate families and retired members;
 3. annually, the Director, Professional Counseling Division, will conduct a review of each program and ensure they are adhering to generally accepted practices in the field of addiction treatment;
 4. serve as a resource to unit commanding officers, supervisory personnel, and any Department units whose function involves interaction with employees experiencing impairment due to alcoholism or other addictions; and

5. be responsible for that portion of supervisory training that focuses upon employee impairment due to alcoholism or other addictions.
- B. When an employee is identified by Department supervisory personnel as possibly having problems related to alcoholism and/or other addictions, a sworn alcohol and other substance abuse counselor will be available to evaluate and provide appropriate support services and/or guidance.
- C. When a disciplinary action or investigation has been initiated against a member impaired by alcohol-use or other addiction(s), involvement in an Alcohol-use and Substance-use Services Program will not delay the disciplinary or investigative processes.

VIII. TRAUMATIC INCIDENT STRESS MANAGEMENT PROGRAM

- A. The Traumatic Incident Stress Management Program provides Department members the opportunity to understand and put into perspective the emotional and/or psychological impact of a traumatic incident. The mandatory debriefing process is not a critique of any assignment or action taken by the member.
- B. The referral procedure to the Traumatic Incident Stress Management Program for sworn members is outlined in the Department directive titled "**Traumatic Incident Stress Management Program**" and "**Firearms Discharge Incidents Involving Sworn Members.**"

IX. PEER SUPPORT PROGRAM

- A. The Peer Support Program is a program that provides a core group of voluntary CPD personnel who are trained to provide support, information, and referral to employees and immediate family members who are seeking assistance whether it is related to a critical incident, day-to-day work stress, or personal life stress. Support is available to all members and their immediate families or retired members, whenever it is needed.
- B. The Director, Professional Counseling Division, oversees the Peer Support Program's daily operation that is maintained by a Peer Support Manager. The Peer Support Manager will:
 1. be responsible for the officers/volunteers training schedule, continuing education programs, and on-call schedule; and
 2. identify all affected districts/units impacted by the critical incident and deploy trained peer support members to offer immediate on-scene intervention.
- C. Peer Support officers will receive initial training and comply with the written procedures manual approved by the Director, Professional Counseling Division. The initial training will include, but is not limited to:
 1. stress management;
 2. grief management;
 3. officer wellness;
 4. obligations and limitations regarding confidentiality and privacy;

NOTE: Although Peer Support Officers must sign a confidentiality agreement, peer-to-peer communications are not protected by the Chicago Health Insurance Portability and Accountability Act or the Mental Health and Development Disabilities Act.

5. communication skills;
6. common psychological symptoms and conditions;
7. suicide assessment and prevention;
8. dependency and abuse; and
9. other support services made available to Department members.

NOTE: In addition to the initial training, a minimum of two continuing education Peer Support training sessions will be provided annually. These training sessions will include new and updated content and materials, as necessary and appropriate.

- D. The Peer Support Program will immediately deploy its members to any officer involved critical incidents to evaluate, coordinate, and communicate with an on-call EAP clinician to discuss the urgency for necessary follow-up services.
- E. Peer support team members will assist in working through the impact of critical incidents by supporting, actively listening, and providing resources.
- F. A peer support team member will visit all affected districts/units where a catastrophic injury or death of an officer occurred to provide immediate grief counseling to those affected members.
- G. The peer support member will assure ongoing roll calls are conducted to inform members of the services available to them and their immediate families.
- H. Peer support members are trained to refer members to the EAP on-call clinician for appointment scheduling and recommended services offered by the Professional Counseling Division in situations that are beyond their scope of training and expertise.

NOTE: Peer Support members will meet annually to share successful strategies and identify ways to enhance the program.

X. DEPARTMENT REFERRALS TO EMPLOYEE ASSISTANCE PROGRAMS

- A. Department command and supervisory personnel have the authority and the responsibility to make members under their supervision aware of the EAP when appropriate.
- B. The EAP accepts three types of referrals. These referrals are:
 - 1. **Supervisory**—When an employee is identified by Department supervisory personnel as possibly having problems related to alcoholism, other addictions, or emotional/behavioral issues, an EAP counselor will be available to evaluate and provide appropriate support services and/or guidance.
 - a. When an employee evidences a pattern of inconsistent or deteriorating job performance or fails to respond to supervisory input (e.g., verbal instructions, written job instructions, discussion of job performance), the supervisor will encourage the employee to contact the EAP office.
 - b. The emphasis here is that the supervisor proactively suggests that the employee should consider utilizing the EAP before his or her job performance or behavior deteriorates as a result of personal or job-related problem(s).
 - 2. **Self-Referral**—Members with personal problems, work related incidents, or other concerns are encouraged to voluntarily seek help on their own initiative before their health or job performance is affected.
 - a. Members can discuss their problems with EAP staff counselors or may be referred to an external EAP provider.
 - b. EAP will assist the employee in contacting his or her health-care provider or in contacting appropriate community resources to provide service for that type of problem.
 - c. EAP will follow-up with individuals to ensure they have access to needed services.
 - 3. **Co-Worker**—When a member believes that a co-worker may be experiencing a personal problem that is affecting job performance or exhibiting unusual behavior, the concerned member should attempt to intervene by expressing concern in a caring manner and by making an informal referral to the EAP, Peer Support Program, or other treatment sources to discuss available intervention options.

NOTE: When a disciplinary action and/or investigation has been initiated against a member impaired by alcohol-use or other addiction(s), involvement in an Alcohol-use and Substance-use Services Program will not delay the disciplinary or investigative processes.

- C. Department members will be assured that any consultation at the EAP will be confidential consistent with the Mental Health and Developmental Disabilities Act and the City of Chicago HIPAA Privacy Policies and Procedures.
- D. In a crisis or emergency situation, supervisors will recommend immediate intervention by the EAP.
- E. Recommendations or referrals to the EAP will not be used as a substitute for the disciplinary process.
- F. Unit commanding officers and/or supervisors may contact the EAP for information about the counseling program or the referral process.
- G. The procedures contained in this directive do not relieve unit commanding officers of their responsibility to counsel members as set forth in existing Department directives.

XI. PROGRAM REVIEW AND WORKLOAD ASSESSMENT

- A. Annually, the Director, Professional Counseling Division, will provide a written report to the Superintendent, through his/her chain of command, including but not limited to:
 - 1. anonymized data regarding support services provided to CPD members;
 - 2. the length of time it takes CPD members requesting counseling services to receive them;
 - 3. any current trends, issues, concerns, and/or other metrics related to the quality and availability of these services; and
 - 4. any recommendations for resources, training, and/or policy.
- B. Staffing levels and resources will be made based on the results of the Officer Support System program review and the Department workload assessment, which is to be conducted every four years.

(Items indicated by italics/double underline were revised)

Authenticated by: KC

David O. Brown
Superintendent of Police

18-108 JAB/RCL/KMC

PHONE BOOK ENTRIES:

- 1. **Professional Counseling Division**
312-743-0378

ADDENDA:

- 1. E06-01-01 - Crisis Intervention