

# Staying Afloat in Peer Support: Boundaries and Self-Care

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What makes it hard to stay afloat  
as peer supporters?



# Sitting with the Urge to “Fix it”



## Righting Reflex

Most of us have a default communication “channel”

- Sharing thoughts and feelings
- Problem-solving

## What are the Risks of:

Launching into problem-solving mode

“Fixing it” for them

Giving advice

Saying what you would do if you were them

Monday Morning Quarterbacking

# Nuts & Bolts of Asking for Peer Support



- Is this a good time? Do you have the emotional capacity?
  - How much time?
  - Formal Peer Support?
  - Level of Confidentiality/Privacy
- What level of detail would be too much in regard to \_\_\_\_\_ topic?
- Sharing emotion is KEY
  - Increases trust and closeness
  - You do NOT have to share content to get relief, validation, and form connection

## Emotional Distancing: Standing Back from the Flames

- Intentional creation of boundaries to protect your peace of mind in the presence of the pain of your peer
- DO NOT imagine yourself/loved one in their position
- Remind your brain you are safe, stable, and capable of sitting with pain without being burned by it



# Boundaries: BE MINDFUL



## Dual Role Conflict

- Supervisor
- Friend

## Ethical and Legal Issues

- Mandated and Unmandated Reporting
- Employer Policies

## Special Arrangements

- OT coverage/leave bank donations
- “Date” outside of work

## Texts, DMs, Snaps, etc.

- Comfortable if romantic partner reviewed the content?
- Able to be recorded and shared

# High Perceived Social Support



- Informing others what you/they need specifically, and moment to moment
- Help others figure out what they need by making suggestions:
  - Want to work out?
  - What has helped when you have felt \_\_\_\_ (emotion/feeling word) in the past?

# Peer Support Deployment



What happens when a member calls for backup on a medic call?

On the fire ground?



# Support for the Supporters

Importance of Debriefing with a Chaplain, Fellow Peer, and/or Clinician



# When to call your Coordinator or Clinician



COE or higher  
level of care  
referral

Acute safety risk  
to self or others

Repeated use of  
peer support  
without  
progress/regress

Substance use  
issues

Boundary  
issues/violations

Need to refer to  
another peer  
support member

Debrief/critique  
peer support

# Clinical Consultation for Peer Supporters



Just as important and necessary as your  
Medical Director for EMS runs

# Self-Care = Walk the Walk



In providing support we often learn about our own vulnerabilities and places we are stuck and need to heal

Special kind of loneliness in public safety and healthcare

Who pours back into your cup?

Do they know where the holes are?

Are you telling them when you're running on empty?



**Thank you and your loved ones for your service**

**Contact Information**

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