

Peer Support Program

Management Directive, 26-01

Overview

This Management Directive (MD) provides an overview of the Peer Support Program, to help DCFS employees more effectively cope with exposures to Potentially Traumatizing Events (PTEs). This MD includes specific guidance to DCFS employees regarding post-incident interventions designed to mitigate harm caused by exposure to PTEs.

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Version Summary

This is a new Management Directive in support of the department's existing workplace violence prevention and health/safety programs.

POLICY

Introduction

This Management Directive applies to all DCFS staff. The DCFS Peer Support Program was established in 2017 in partial compliance with the 2011-2012 Civil Grand Jury recommendations 5.2 (Improving Work Culture) and 5.4 (Grief Counseling and Peer Support for DCFS employees impacted by Child Fatality Cases).

Occupational exposures to [Potentially Traumatizing Events \(PTEs\)](#) can be experienced by child protective workers through the course of their work. The cumulative effect of

such exposures (if left unaddressed) can affect the judgement of child protective workers, which in turn can have an effect on the children/youth and nonminor dependents (NMDs) under the care of the Department of Children and Family Services. The Peer Support Program is a small but vital component of the organization's overall response to support staff who experience traumatic events by building a trauma-informed response, to provide trauma support, reduce stress, prevent burnout, and provide psychological safety and increase coping capacity.

Background

In 2016, the Chief of Psychological Services position was established, with the primary responsibility of designing, developing and implementing an effective Peer Support Program.

In 2017, DCFS hired its first, full-time, permanent, Chief of Psychological Services. This individual was responsible for implementing and overseeing a Peer Support Program designed to mitigate harm from the occupational exposures to potentially traumatizing events inherent in child protective services work.

In 2018, after obtaining permission from the developers of the [Trauma Risk Management](#) (TRiM) approach to [Psychological First Aid](#) (PFA), the Chief of Psychological Services developed a [curriculum](#) based on their approach and trained a sufficient number of Peer Supporters to meet the demands of the Department.

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Trauma Risk Management (TRiM)

The Trauma Risk Management (TRiM) approach is widely considered to be one of the best, common sense, alternatives to [Critical Incident Stress Debriefing](#) (CISD), aimed at assisting workers address traumatic events. This peer-based approach has demonstrated reductions in sick-time and disciplinary actions among its recipients. Additional information regarding the TRiM approach is available on the [Strong Mind Resilience website](#).

TRiM's aim is not to prevent [Posttraumatic Stress Disorder](#) (PTSD), nor to treat it. TRiM is designed to provide an early identification of who might be at an elevated risk for developing PTSD. It is important to note that the TRiM process does not provide or replace a clear requirement for urgent medical or clinical support. If it becomes clear that an employee is in need of psychological services beyond the scope of the program, then that employee will be referred to a mental health professional through the county's [Employee Assistance Program \(EAP\)](#), the employee's health care coverage or Victim's Services.

Trauma Incident Briefings (TIBs)

Group TRiM interventions involving [Trauma Incident Briefings \(TIBs\)](#) may occur as well. TIBs provide education regarding the normal reactions and timeframes for recovery. TIBs are usually completed as soon as feasible (ideally between 4-10 days from the time of the traumatic event). These TIBs are designed to provide support, increase coping techniques and capacity, and provide information regarding resources for those who might need something beyond the TIBs.

Referral Criteria

When management becomes aware of occupational PTE exposure, they should reach out to the Peer Support Program (PSP) Manager (as soon as feasible) to set up an individual or group intervention for those impacted, ideally within four to seven (4-7) days.

Managers and supervisors may consider allowing the individuals directly impacted by the traumatic event to take personal or medical leave to rest and recover.

Not all distressing events at work qualify for the Peer Support Program. While not technically a PTE, certain experiences like the death of a colleague can be distressing to their co-workers. For these types of events, it is appropriate for the referring party to contact the PSP Manager to consider other options for support. If an employee is impacted by stressors that are not work related (e.g., intimate partner violence, divorce, child rearing challenges, financial crisis, loss of resources from a natural disaster) consider referral for mental health services through [EAP](#), Victim's Services Bureau or health care plans.

Examples when it may be necessary to seek out peer support include:

- The death of client including a parent, sibling or caregiver, as these deaths might have a significant impact on the case carrying CSW or other employees.
- The death of a colleague or an event that impacts an entire regional office (such as a terror threat, media-involved protest, etc.).
- Aggression: physical, sexual, property or verbal in the workplace
- Stalking by a client, co-worker or intimate partner violence (IPV) spillover
- Threats of Death or Bodily Harm: verbal, written
- Ideological Violence: terror threats, onsite harassment or hate speech
- Sudden Violent Death: client or co-worker.
- Routine Death: client or co-worker
- Distressing Experiences: resulting in intense emotions

The Peer Supporter is a resource for their Regional Office. All Peer Supporters are volunteers who carry a full case-load assignment. Once fully trained and certified to provide PFA using the TRiM protocol, a Peer Supporter can expect to be contacted by the PSP Manager five to six (5-6) times per year to assist in providing group or individual PFA interventions, independently or as a part of a team.

Peer Support Program referrals are received by the following referral methods:

1. [Security Incident Reports \(SIRs\)](#)
 - When the PSP Manager receives a copy of a SIR from the [Emergency Disaster Services Section](#), the case is triaged and all who were impacted will be contacted by phone and email, to determine if a peer-delivered intervention is appropriate.

- A completed Security Incident Report or child fatality report is not needed prior to starting Peer Support Program services.
2. Fatality of a child/youth/NDM
 - While a referral can be made based on a child fatality alert to management, the fatality alert itself will not be shared. Only the relevant information to reach out to the employee impacted by the death will be shared.
 3. Word of mouth
 - PSP support can be requested through self-referrals by employees or their managers.

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Confidentiality

All identifying information, correspondence and forms received by the Peer Support Program are confidential.

Copies of any documents cannot be released without the impacted employee's consent. No copy of these documents will be placed in an employee's personnel file, nor will their supervisor have access. An impacted employee can request that copies of these records be released to them.

Limits of confidentiality apply, which include danger to self or danger to others (child/elder/disabled adult abuse). The appropriate parties need to be contacted for mandated reporting purposes.

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Resources and Support

The following resources are available to DCFS employees:

- [DCFS Peer Support Program \(Website\)](#) This website provides information and resources related to the Peer Support Program.
- [Los Angeles County Employee Assistance Program \(EAP\)](#) A service available through the Human Resources Department, which provides up to three sessions of confidential counseling with a mental health professional, free of charge (to address stress and substance abuse related problems).
- [Wellness Resources for County Employees](#) Comprehensive list of several emotional and mental health resources available to all County employees and family members.

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PROCEDURE

Referring to the Peer Support Program

Referring Party Responsibilities

1. Within twenty-four (24) hours of when the PTE exposure occurred, or as soon as possible:
 - a. Send an email to the Peer Support Program inbox (PeerSupport@dcfs.lacounty.gov), the PSP Manager (patelaa@dcfs.lacounty.gov) or contact them by phone (213) 407-8359.
 - b. Include in the email the name and contact information of the impacted employee as well as context related to the PTE.
2. Upon receiving a response from the PSP Manager:
 - If the referring party is a supervisor or manager, ensure timely communication with PSP Manager to help determine which type of intervention would be most suitable for the impacted individual.
 - If a supervisor or manager becomes aware that multiple employees were impacted by a PTE (e.g., child fatality or client violence), they should coordinate with the PSP Manager to set up a group or individual PFA (on site or virtual).
 - Supervisors and managers should consult with the PSP Manager if they note social, occupational or interpersonal impairment that persists beyond 90-120 days after a PTE exposure.
2. If any workplace safety issues are reported, refer to the [Reporting Workplace Violence/Threat Management website](#) to complete an [SIR](#).

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Providing Peer Support Program Services

Peer Supporter Responsibilities

1. Review assignment and consult with the PSP Manager.
2. Initiate contact with the impacted employee to set up an initial meeting.
3. Provide the selected PFA intervention.
 - The initial risk assessment can be conducted individually or in a group.
4. After the initial meeting, complete [The Risk Assessment Tool \(RAT\)](#). The RAT is a screening tool to assess whether the impacted individual is at an increased risk of developing PTSD.
5. Encourage the impacted employee to complete the [Posttraumatic Checklist for the DSM-5 \(PCL-5\)](#). The PCL-5 is used to assess the presence and severity of PTSD symptoms.
6. Schedule the thirty-day follow-up meeting with the impacted employee.
7. Forward the RAT and PCL-5 to the PSP Manager and complete consultation.
8. Complete the 30-day follow-up meeting and if necessary, schedule the 90-day follow-up meeting.

9. During the thirty-day meeting (and ninety-day meeting, if necessary), provide the selected FPA intervention and complete the RAT, and encourage the impacted employee to complete the PCL-5.
10. Forward the RAT and PCL-5 to the PSP Manager and complete consultation.

PSP Manager Responsibilities

1. Monitor occupational trauma exposures [reported to the Peer Support Program](#).
2. Review and triage referrals.
 - If appropriate work with regional office leadership to formulate an effective plan for a tailored response.
 - Assemble and organize the Peer Supporters to provide individual or group PFA interventions using the TRiM protocol.
 - Be available for consultation.
 - Track the assignment of each Peer Supporter.
 - Record the scores for the Initial [RAT](#) and [PCL-5](#), when briefed by the Peer Supporter who provided the PFA using the TRiM protocol.
 - Send out a reminder to each Peer Supporter when the 30-day and 90-day follow-up PFAs are due.
 - Make best effort to ensure the same Peer Supporter who completed the initial PFA will complete the follow-up PFA.
3. Prepare an annual report (on the status of the Peer Support Program) for the Peer Support System Director and be prepared to brief the Medical Director, Executive Team or Board of Supervisors.

Peer Support Program Director Responsibilities

1. Oversee the Peer Support Program and supervise the PSP manager (a CSA I position), to assure fidelity to the Trauma Risk Management (TRiM) protocol
2. Work closely with the PSP Manager to ensure DCFS employees receive proper care when Peer Support interventions are not sufficient.
3. Provide consultation services to the Human Resources Director and Regional Administrators (RAs) related to Employee-on-Employee Violence and work with the Occupational Health Program's (OHP's) Chief of Psychological Services to determine if a Fitness for Duty Evaluation is justified.
4. Coordinate with high level leaders (Director, Deputy Directors & RAs) to effectively respond to some of the more challenging PTEs (Terror Threat, Child Fatality or death of a colleague).
5. Oversee the research component of the system, maintain Collaborative Research Agreements (CRAs) with research partners and assures any human subject research (related to the Peer Support System) is conducted ethically, and review all draft articles prior to publication.

APPROVALS

None

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HELPFUL LINKS

Attachments

[Before, During and After \(BDA\) Matrix](#)

[DCFS Peer Support Program Webpage](#)

[DCFS Workplace Safety Webpage](#)

[Glossary](#)

[Los Angeles County Office of Violence Prevention](#)

[Management Directive \(MD\) 95-06](#), Acts/Threats of Violence Against Employees in the Workplace

[Peer Support Sample Multi-Day Training Curriculum](#)

[Policy, Procedure, and Guideline \(PPG\) No. 620](#), Revision to Policy, Procedure, and Guideline No. 620- Workplace Violence Prevention and Response

[PPG 622](#), Revised Domestic Violence, Sexual Assault, and Stalking Awareness Policy

[Scholarly References](#)

[Security Incident Report \(SIR\) Form](#)

[Services Available Memo](#) (7/27/2017)

[Solicitation for Volunteer Peer Supporters Memo](#) (8/16/2017)

[Strong Mind Resilience Website](#)

[The Peer Support Approach Memo](#) (8/22/2017)

[The Posttraumatic Checklist for the DSM-5 \(PCL-5\)](#)

[The Risk Assessment Tool, revised \(RAT-R\)](#)

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References

[California Labor Code \(LAB\) Section 6400](#) – Requires the employer to provide a safe and healthy place of employment for employees.

[Occupational Safety and Health Act](#) (OSHA) - Voluntary Guidelines for Workplace Violence Prevention for Healthcare and Social Services organizations.

[The National Institute for Occupational Safety and Health](#) - Defines workplace violence as the act or threat of violence, ranging from verbal abuse to physical assault, directed toward people at work or on duty.

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