

Peer Support Team

Rhode Island Department of Children, Youth and Families

Staff Directive: 1300.0019

Effective Date: September 22, 2014

Version 1

The Department of Children, Youth and Families (hereinafter, the Department) recognizes the incidental or cumulative critical incident stress experienced by staff in the performance of their jobs. Through its ongoing commitment to ensure the long-term emotional health of its staff, the Department has implemented stress prevention and education programs, including a Peer Support Team (hereinafter, PST). The PST provides confidential staff assistance. The service is voluntary and also can be mobilized in the event of a critical incident. Department staff serving as members of the PST receive training and consultation in providing education, support and referral services.

The PST is purely a voluntary peer support model, which allows Department staff to help staff, but which does not provide clinical assistance. To this end, the PST is available to respond to and assist staff involved in critical incidents or staff in need of assistance as a result of any stress related incident(s). With the exceptions noted in this protocol below, meetings and interactions are held in confidence. Participants are reminded of the confidential nature and exceptions to the PST at the beginning of each and every meeting, debriefing and/or defusing. With the exceptions noted in this protocol below, the PST's confidentiality will be respected by the Department; PST members will not be called by the Department to testify at administrative or disciplinary proceedings against staff.

Related Policy

Reporting Child Abuse and Neglect

Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)

Suspension of Employees Driver's License

Related Protocol

Code of Conduct

Definitions:

Critical Incident: Any incident that has a high emotional impact on the responders; or is beyond the realm of a person's usual experience that overwhelms his/her sense of vulnerability and/or lack of control over the situation.

Critical Incident Stress: A normal reaction(s) to an abnormal event.

Defusing: A brief, confidential discussion between and focusing on staff(s) involved in a critical incident and PST staff immediately following the incident to restore the staff(s) cognitive functioning and prepare him/her for future, related stress reactions.

Debriefing: A closed, confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during and after a stressful event. It is intended to provide support, education and an outlet for associated views and feelings. Debriefings do not provide counseling or an operational critique of the incident.

Employee Assistance Program (EAP): Department staff, dependents and household members can receive free confidential assistance with personal and job-related problems through the EAP, a benefit provided by the state.

Mental Health Professional: is an individual approved by the Department Director (or designee) and licensed by the RI Department of Health, who, operating within the scope of approved practice, provides consultation and assistance to the PST as needed; such assistance may include but is not limited to participating in debriefings and in final decisions on whether or not further counseling is needed by staff.

Sick Leave: Leave granted for personal illness and or injury.

Protocol

- A. The PST is comprised of selected department staff who received specialized peer support and critical incident response training to recognize and understand related stress reactions.
1. All PST members agree to volunteer their time and the Department agrees to allow staff to participate.
 2. Peer Support Co-Leaders are the lead PST staff and determine, within the parameters of this protocol and Department policy, when and how the PST is utilized.
 3. The PST holds monthly meetings to assist members of the PST in functioning as peer supports, to develop the team process and to support the team members.
- B. Any statement or discussion with PST staff while acting in his/her peer support role remains confidential. PST staff maintain strict confidentiality in matters discussed in peer defusings, debriefings or support meetings. Because members of the PST are also Department staff, they are bound under state and federal law and regulation to report certain incidents if they are divulged or observed. These exceptions to the confidentiality require PST staff to report:
1. When failure to disclose such information would present a clear and present danger to self or others;
 2. Any incident of child abuse or neglect as described in DCYF Policy 500.0000, Reporting Child Abuse and Neglect and DCYF Policy 500.0050, Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3);
 3. Any incident of elder abuse or neglect;
 4. That a Department staff is under the influence of drug/alcohol during the work day or is otherwise unfit for duty; or
 5. That a Department staff has lost his/her driver's license when that staff either drives as a function of his/her employment or is required to have a valid driver's license as a condition of employment (and the staff is not taking responsibility for notifying the administration of the loss of license). Refer to the Department's Code of Conduct and DCYF Policy 200.0000, Suspension of Employees Driver's License.
- C. The PST is activated in the following circumstances:
1. Death or serious injury to a department staff;
 2. Death or serious physical injury to a child or youth in care; or
 3. Any other incident that has a high emotional impact on the staff person beyond his/her usual experience that creates a heightened sense of vulnerability and/or an experience of lack of control over the situation.
 4. Any department staff can initiate a self-referral to the PST. A list of members of the PST will be available to all staff.

- D. PST provides:
1. Consultation and information about referrals to staff for job and non-job related problems.
 2. Critical incident stress defusings, debriefings and follow-ups as described in this protocol.
 3. Recommendations to the Wellness Committee concerning areas, such as, stress management, recognition and stress reduction.
- E. The director or designee immediately notifies the PST Co-Leaders of the critical incident and provides relevant information. PST Co-Leaders:
1. Determine whether an immediate call out of the entire PST, one PST member or any combination thereof is deemed necessary. If an immediate call out is necessary, the PST Co-Leaders:
 - a. Notify PST members and provide relevant information, including where they are needed.
 - b. If involved in the incident, the PST Co-Leaders contact the on-call Mental Health professional to determine whether an immediate PST call out is necessary.
 2. If a call out is not necessary, within an appropriate time frame, the PST Co-Leaders:
 - a. Advise team members of the situation;
 - b. If necessary, arrange for a meeting between the PST and the involved staff at a later date; and
 - c. Notify other contacts, such as the Mental Health professional, to seek assistance if necessary.
 3. If members of the PST are called out after hours, they are afforded comp time for the time spent on PST business.
 4. Organize the defusing following the incident and inviting each staff involved to participate.
 5. Coordinate with necessary personnel, including the Mental Health professional, if needed, as to the time and place of a debriefing.
- F. Debriefing is conducted within a reasonably appropriate timeframe when possible by a minimum of two PST members:
1. The primary role of PST members, who participate and assist in each debriefing, is support. Specific members of the PST can be excluded from the debriefing at the request of a participant(s).
 2. Staff who was actively involved in the incident may attend the debriefing. All support personnel will be invited to attend but not mandated.
 3. The debriefing is conducted without supervisory personnel except any involved in the incident. The Director or designee may provide a brief introduction prior to the start of the debriefing, as a show of support.
 4. The Mental Health professional may oversee the debriefing.
 5. A PST member makes a follow up call to each participant within 7-10 days of the debriefing.
- G. The PST keeps no written records that contain personally identifiable information. For statistical purposes, the PST Co-Leaders provide the total number of contacts to the administrative supervisor for PST functions identified by the Department.