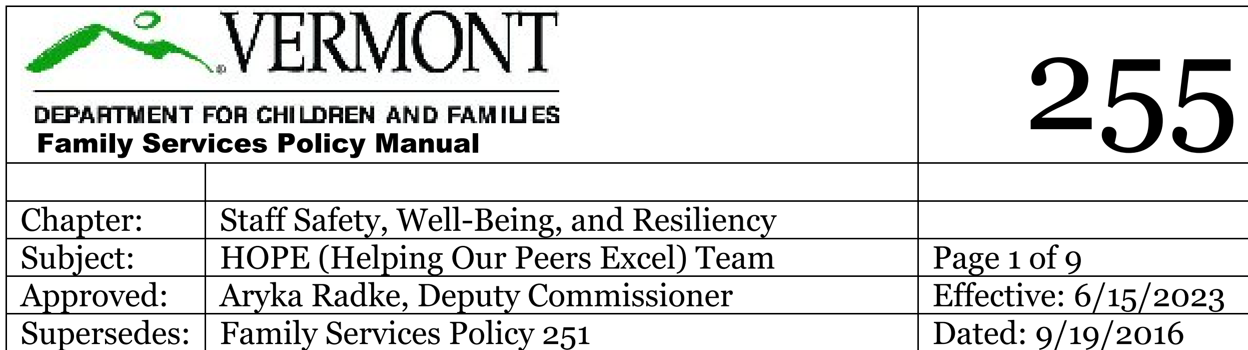

VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual		255
Chapter:	Staff Safety, Well-Being, and Resiliency	
Subject:	HOPE (Helping Our Peers Excel) Team	Page 1 of 9
Approved:	Aryka Radke, Deputy Commissioner	Effective: 6/15/2023
Supersedes:	Family Services Policy 251	Dated: 9/19/2016

Purpose

To provide confidential assistance to division staff in response to significant events, stressful situations, or employees in need of support. The service is voluntary unless mobilized in the event of a significant event with office-wide impact.

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Related Policies

Family Services Policy 250: Reporting and Responding to Staff Safety Threats
Family Services Policy 251: Staff Safety in Homes and the Community
Family Services Policy 252: Staff Safety During Removals
Family Services Policy 264: Responding to Incidents

Introduction

The division recognizes the impact of trauma exposure and significant events experienced by staff in the performance of their job duties. The division is committed to ensuring the long-term emotional health and well-being of its employees. The **HOPE (Helping Our Peers Excel) Team** provides training and consultation in the areas of education, support, and referral services to staff supporting their peers.

Definitions

Debriefing: A planned closed, confidential discussion of a significant event relating to the feelings and perceptions of those directly involved prior to, during and after the event. It is intended to provide support, education, and an outlet for associated views and feelings. Debriefing may occur in individual and group settings. For the purpose of this policy, debriefings do not provide formal counseling or an operational critique of the incident.

Defusing: An immediate and brief, confidential discussion between and focusing on employees involved in a significant incident. Defusings provide immediate intervention by a HOPE team member to support the employee's functioning and provide anticipatory guidance for possible future stress reactions. Defusings may occur in individual and group settings.

Employee Assistance Program (EAP): A Vermont-based public and private non-profit collaborative that offers comprehensive employee assistance services to promote the health and well-being of employees and their family members. EAP provides short-term counseling and referral, management consultation, training, and resource information.

HOPE Team ("HOPE"): A voluntary peer support model in which trained staff from the division support and respond to their peers in times of significant events and stressful situations.

HOPE Team Lead ("HOPE Lead"): An individual who has oversight of the HOPE members and helps coordinate appropriate mobilization, referral to the HOPE clinician, and communication with central office and district personnel.

HOPE Team Clinician ("HOPE Clinician"): A qualified mental health provider licensed in the State of Vermont, operating within the scope of approved practice, with clinical expertise in trauma-informed care, and who is familiar with the division's practices. The HOPE clinician provides consultation, training, and assistance to HOPE members. Assistance may include, but is not limited to: participating in planned responses such as debriefings or defusings, and in final decisions on whether or not further interventions or supports are recommended for staff.

HOPE Team Member ("HOPE Member"): An individual who is selected by their peers to become a trained member of HOPE. HOPE aspires to have at least one member from each district office, Woodside Juvenile Rehabilitation Center, and central office. HOPE members receive ongoing training, consultation, and support from the HOPE clinicians.

Significant Event: Any incident that has a high emotional impact or is beyond the realm of a person's usual experience that overwhelms one's ability to cope and creates a sense of lack of control over the situation.

Significant Event with Office-Wide Impact: A significant event (definition above) that affects a group of employees or an entire work setting. Affected staff may include individuals directly involved in the significant event, individuals impacted by what has happened to one of their team members, or the office as a whole. Significant events with office-wide impact require an individual debriefing; the group/office debriefing is optional. Significant events with office-wide impact include, but are not limited to:

- Death or significant injury to a division employee;
- Death or significant physical injury to a child or youth in care;
- Natural disaster that creates a significant impact on staff; or
- Significant events that cause disruption to a district office, including threats of harm to staff.

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

Trauma Exposure Response: Changes that take place within individuals as a result of exposure to the suffering of people. Trauma exposure response may result from deliberate or inadvertent exposure, formal or informal contact, and paid or volunteer work. "Cumulative stress", "cumulative toll", "burnout", "compassion fatigue", "vicarious trauma", "primary trauma", and "secondary trauma" are included in this definition. Warning signs of trauma exposure response include, but are not limited to: feeling helpless and hopeless, a sense that one can never do enough, hypervigilance, diminished creativity, inability to embrace complexity, minimizing, chronic exhaustion and physical ailments, inability to listen, deliberate avoidance, dissociative moments, a sense of persecution, guilt, fear, anger and cynicism, inability to empathize, numbing, addictions, and grandiosity (an inflated sense of importance related to one's work). (Adapted from Laura van Dernoot Lipsky's definition).

Policy

HOPE is comprised of peer-selected division staff who receive specialized training in peer support in order to recognize, understand, and respond to stress reactions and associated feelings. The HOPE team receives support and consultation from licensed providers with clinical expertise in trauma-informed treatment. The HOPE team is available to respond to and assist staff involved in a significant event or to staff in need of assistance as a result of trauma exposure response. HOPE may refer staff for other clinical services if needed. With the exceptions noted in the protocol below, meetings and interactions are held in confidence and HOPE's confidentiality will be respected.

Participants are reminded of the confidential nature and exceptions to confidentiality at the beginning of every meeting and debriefing.

The division agrees to allow staff to participate, be trained, respond, and utilize work time on HOPE responses. Most HOPE responses will occur during business hours. Compensation for HOPE responses that extend beyond business hours must be approved by the senior policy and operations manager or designee.

HOPE Team Agreements

HOPE members will follow HOPE protocols. HOPE members and the HOPE lead determine, with consultation from HOPE clinicians, the parameters for the HOPE team's response.

Group Consultation

HOPE clinicians hold, at minimum, monthly group consultation meetings to:

- Assist and provide support for HOPE members in their response to situations;
- Further enhance and support the team process;
- Process the impact HOPE team membership is having on HOPE members; and
- Provide ongoing skill development.

Individual Consultation

HOPE clinicians will provide individual consultation meetings to HOPE members if additional processing or individual skill development is needed.

Consultation provided by HOPE clinicians is **not** supervision. HOPE members may **not** receive clinical supervision hours through HOPE clinicians.

Supervision

HOPE members will receive individual and group supervision as guided by Policy 201. Supervisors are expected to provide supportive supervision where staff can safely process and reflect on their work, which may include processing the impact HOPE team membership is having on employees. Supervisors should regularly monitor their employees' well-being and provide support as needed. Due to the confidential nature of HOPE members' peer support, supervisors, district directors and management shall not inquire about information or assistance provided to peers as part of the HOPE team.

Referral Process

A list of HOPE members will be available to all staff and posted on the division's intranet.

HOPE members will respond to events with a high emotional impact on an employee, after any significant event, or when they are experiencing stress or a trauma exposure response. Referrals to HOPE may be initiated by:

- Self-referral; or
- Referral from any source within the division (district director, supervisor, colleagues, etc.).

All referrals will be responded to within 24 hours of when the HOPE member receives the referral. An employee's participation and engagement with the HOPE team is voluntary except during mandatory debriefings. An employee may consider other options beyond the HOPE team such as an EAP referral, support from a supervisor or manager, or outside consultation.

The division's staff safety coordinator or designee will notify the HOPE lead or designee of an incident form submission and provide relevant information.

After notification of a significant event, the HOPE lead will determine which HOPE member and/or HOPE clinician will respond to an incident and whether an immediate call out is necessary. Staff may request someone else, or request a specific HOPE member they feel comfortable speaking to. If an immediate call out is necessary, the HOPE lead will provide relevant information to the HOPE member and HOPE clinician upon activation, including where they are needed.

If a call-out is not necessary, on the next business day, the HOPE lead or designee will:

(1) Advise HOPE clinicians of the incident/situation.
(2) Advise responding HOPE members of the incident/situation.
(3) Recommend a debriefing or other planned response to the district director following a significant event with office-wide impact. If in agreement, a debriefing should be coordinated within 72 hours and involved staff will be invited to participate. Debriefings can occur with individuals and/or groups led by the HOPE lead or HOPE clinician.
(4) If necessary, arrange for a meeting between HOPE members and the staff affected by the incident/situation at a later date.
(5) Notify other contacts (i.e., mental health provider) to seek assistance, if necessary.

HOPE Team Supports Provided

Division staff should expect the following supports from HOPE members and the HOPE lead when a referral is made:

- Confidential support, consultation, and information to staff for job and non-job related stress dynamics – *with the exception of state and federal laws defined in*

the confidentiality and mandated reporting section below;

- Planned responses, significant event debriefings, and follow-up as determined appropriate by the HOPE lead or HOPE clinicians; and
- Recommendations regarding stress management, stress recognition, and stress reduction – which may include a referral to EAP and available wellness programs.

Circumstances Mandating HOPE Team Activation

Significant events with office-wide impact shall prompt HOPE activation and require an individual debrief:

- Death or significant injury to a division employee;
- Death or significant physical injury to a child or youth in care;
- Natural disaster that creates a significant impact on staff; or
- Significant events that cause disruption to a district office, including threats of harm to staff.

All safety incidents or threats of harm to staff are documented using the Staff Safety Incident Form (FS-110), which prompts a HOPE referral. For additional information on staff safety, see Policy 250.

Planned Responses

Planned responses will occur as clinically appropriate. Planned responses include debriefings, defusings, psychoeducation, skill-building, and restorative processes.

Planned responses are conducted within **72 hours when possible**, with the intention of providing staff with a safe and confidential space to openly discuss the impact an incident/situation had on them.

There will be a minimum of one HOPE member and HOPE clinician in addition to the HOPE lead or HOPE clinician present at each planned response. Either the HOPE lead, designee, or the HOPE clinician will facilitate the planned response. HOPE members or HOPE clinicians will provide any ongoing and follow-up support to peers as needed.

Specific members of HOPE may be excluded from the planned responses at the request of the participants. The HOPE lead will coordinate any reassignments needed in the event of such a request.

Debriefings

Staff who were actively involved in incidents and all other staff affected by the incident will be encouraged to attend debriefings. There is no supervisory authority during the debriefing; people come to debriefings as people, not positions.

A HOPE member will make a follow-up phone call to each participant in the debriefing as needed. There may be a series of check-ins or follow-up phone calls depending on the circumstances of the situation. The HOPE clinician and the HOPE lead may develop follow up recommendations for participating members after the debriefing if needed.

Confidentiality and Mandated Reporting

Any statement or discussion with HOPE members while acting within the scope of their peer support role will be respected and considered confidential by the division. HOPE members maintain confidentiality in matters discussed in peer-to-peer contact, planned responses, and support meetings.

HOPE members do not have confidentiality privilege under current state law or state policies. Members of HOPE are division staff and bound by state and federal laws, agency, department and division policies and procedures, and state and federal requirements to report certain information if divulged or observed, and to respond truthfully to any inquiry by the State of Vermont or law enforcement.

In addition to individual reporting mandates required by law, HOPE members are required to report the following exceptions to confidentiality to the HOPE lead:

- When failure to disclose such information would present a clear and present danger to self or others;
- When there is information to suggest that a person is unable to perform their job;
- Any incident of child abuse or neglect defined by 33 V.S.A. § 4912 or Family Services Policy 50: Child Abuse and Neglect Definitions;
- Any incident of elder abuse or neglect defined by 33 V.S.A. § 6902;
- Any incident of animal abuse or neglect defined by 13 V.S.A. § 351;
- Instances where a division employee appears to be impaired or has disclosed impairment during the work day; and
- Instances where a division employee knowingly violated state and federal laws and/or regulations.

Documentation

HOPE members keep no written records that contain personally identifiable information other than attendance from required debriefings and incident descriptions that prompt the referral.

The HOPE lead will provide annual outcome statistics to the senior policy and operations manager including, but not limited to, the following:

- The total number of contacts;
- Number of planned responses;
- Number of debriefings held and number of participants in each debriefing;
- Number of outside referrals made;
- Compensatory hours used by HOPE members; and
- Number of trainings for HOPE members held and number of participants in the training.

Evaluation of the HOPE team's interventions will be evaluated through analysis of the required documentation, surveys, and other assessment tools.

Use of Leave

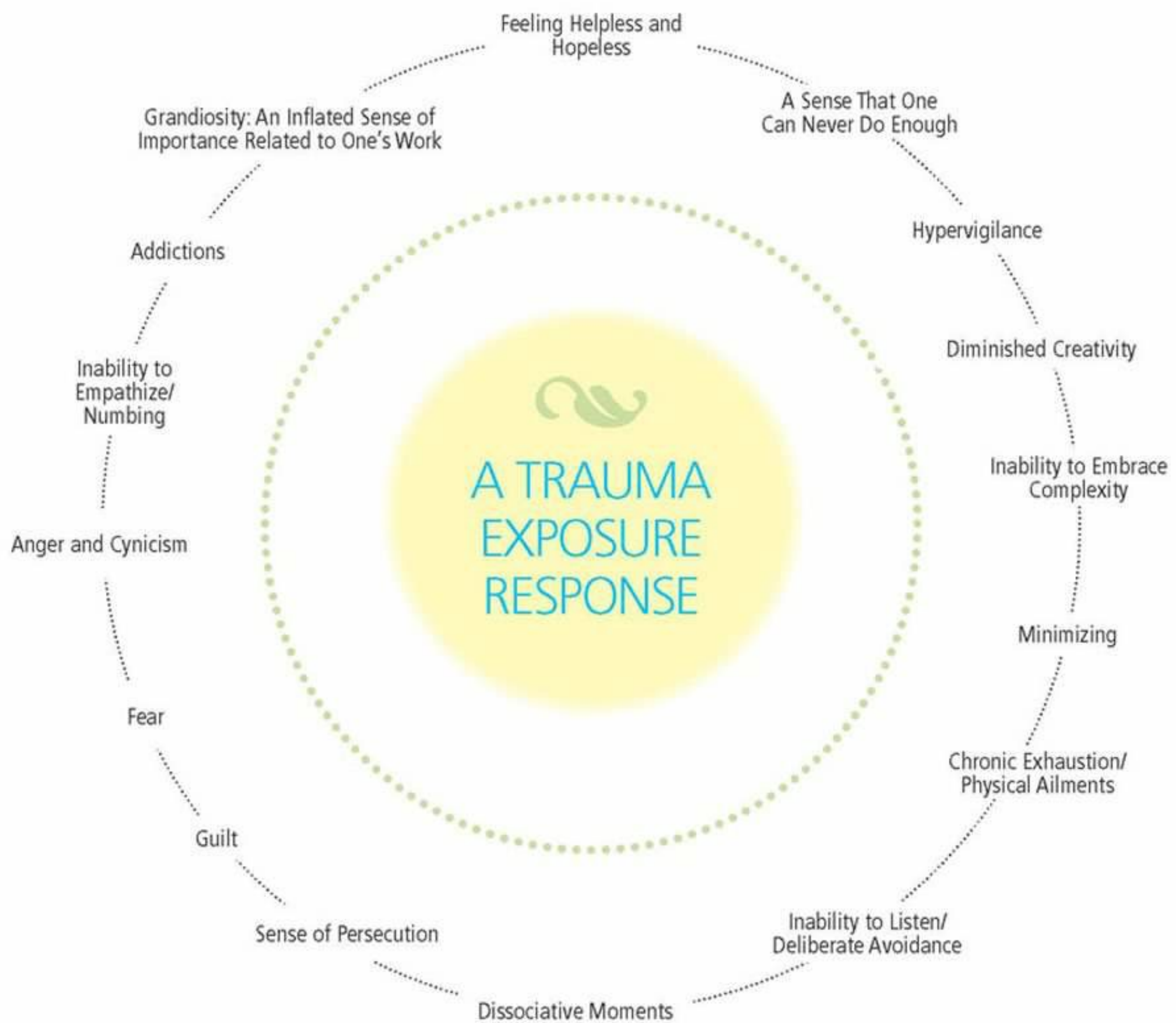
Leave accruals earned by classified division employees may be used to support absences from duty in the event of illness, injury, or following significant events. Absences may be paid or unpaid depending on the type of leave (sick leave, annual leave, personal leave, medical leave, family leave, administrative leave, workers' compensation, etc.).

Additional Resources

Employee Assistance Program (EAP) – http://humanresources.vermont.gov/benefits-wellness/employee-support/employee-assistance-program

Live Well Vermont: State Employees Wellness Program – http://humanresources.vermont.gov/benefits-wellness/wellness

My Blue Health Live Well Portal – https://mybluehealth.bcbsvt.com



Trauma Exposure Response

A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet.

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The Trauma Stewardship Institute: http://traumastewardship.com/