

Mission Statement

Our mission is to identify DCFS employees at risk for Posttraumatic Stress Disorder, due to a recent exposure to a Potentially Traumatizing Event (PTE), and provide prompt Psychological First Aid; augmenting their social support network and facilitating proactive clinical intervention when indicated.

Philosophy

DCFS's Peer Support Program utilizes Psychological First Aid (rather than Critical Incident Stress Debriefing) as it is more respectful of an individual's right to self-determination (it is completely voluntary and confidential), more realistic in its expectations (provides a realistic timeframe for recovery), more effective at identifying at risk individuals (through screening and rescreening) and more sensitive to sub-cultures.

Approach/Methodology

Specifically, the DCFS Peer Support Program utilizes a modified version of Trauma Risk Management (TRiM), a "Peer Delivered" Psychological First Aid (PFA) System developed by Neil Greenberg and Cameron March for the British Royal Navy and Marines. TRiM's aim is not to prevent PTSD, nor is it to treat it; this system's purpose is early identification. This is accomplished through a "Structured Chat" provided by a Peer along with baseline and follow up screenings.

Why has Los Angeles County DCFS established a Peer Support Program?

The DCFS Peer Support Program was established in 2017, in accordance with the 2011-2012 Civil Grand Jury's recommendation 5.4: Establish and implement a Peer Support Program to help Child Protective Services Workers more effectively cope with exposures to Potentially Traumatizing Events (PTEs).

It has been long recognized that there are occupational hazards that place Child and Adult Protection Social Workers at elevated risk for developing psychological difficulties.

FAQs

Did you know that of the 1,670 Children who died in America from abuse and neglect, 93% had at least one contact with a child protective Services agency?(DHHS, 2015).

Did you know that 4-7% of Child Protective Social Workers are physically assaulted each year? (Enosh, Tzafrir & Stolovy, 2014).

Did you know that 12-16% of Child Protective Services Workers receive death threats each year? (Zelnick, et. al., 2013).

Did you know that 16-20% of Child Protective Social Workers have been stalked by a client at some point during their career? (Macdonald & Sirotich, 2001)

Revised April 2020

Los Angeles County Department of Children and Family Services

Peer Support Program



"Sometimes the only thing you can do for someone is to be there" author unknown



Organization/Structure

DCFS's Peer Supporters are Social Workers, CSW III or higher who average over 16 years of experience, who epitomize Posttraumatic Growth and Resilience. Each has successfully completed a rigorous 5-day training program covering topics such as: Acute Stress Disorder, PTSD, Burnout, Compassion Fatigue, Resilience, Posttraumatic Growth, Evidence Based Treatments, Substance Use Disorders, Workplace Violence, Violence Risk Assessment/Management, Crisis Intervention and Psychological First Aid. Peer Supporters are assigned, when requested, to any DCFS employee who has experienced a recent exposure to a Potentially Traumatizing Event. Peer Supporters are matched based on their expertise (Child Fatality, Physical Assault, Stalking, etc) and support neighboring units (they are not assigned to individuals from their own regional office) in order to assure confidentiality.

Access to Evidence Based Treatments (EBTs for PTSD

With adequate social support, most (eight out of ten people) will recover without Professional Intervention but for two of ten recovery is unlikely without professional Intervention.

Access to Evidence Based Treatments (EBTs) for PTSD cont'd

So, when a DCFS employee at risk is identified through our Peer Support System, their assigned Peer Supporter will assist them in obtaining Evidence Based Treatment (EBT) for their probable PTSD. These DCFS employees will have three options: First, those with a direct exposure (Physical, Sexual, Threat Aggression or Stalking) can access care through the ***District Attorney's Victims Services Bureau***, as long as a Security Incident or Crime Report was completed; go to <http://da.lacounty.gov/vwap/locations> to find the office near you. Second, those with an Indirect (Vicarious) Exposure (Child Fatality or other Sudden, Violent, Unexpected Death) can access care through their Medical Insurance Coverage (*Kaiser-Permanente Behavioral Health* <https://healthy.kaiserpermanente.org/southern-california/get-care>; Cigna (800) 926-2273; United Healthcare (800) 926-2273 or Anthem Blue Cross (800) 321-2843). Third, ***DCFS employees*** can access care through their Chief of Psychological Services office (909)802-1313 or (909)802-1388); availability limited.

For Peer Support Services or if you would like to become a Peer Supporter, please contact:

Aruna Patel, LCSW
Peer Support Services Manager

Cell: 213-407-8359 or by email, at
patelaa@dcfs.lacounty.gov



References

Child Maltreatment-2015, DHHS, Washington DC. <https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf>

Enosh, G., Tzafrir, S. & Stolovy, T. (2014). The development of Client Violence Questionnaire (CVQ). *Journal of Mixed Methods Research*, Mar, 1-18.

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Zelnick, J.R., Slayter, E., Flanzbaum, B., Butler, N.C., Domingo, B., Perlstein, J. & Trust, C. (2013). Part of the Job? Workplace violence in Massachusetts social service agencies. *Health and Social Work* 38 (2) 75-85.