The Peer Support Team Manual
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Project Overview

The Stamford Hospital Peer Support program has evolved since its inception in the fall of 2009. The name of our program has changed from Good Grief to Peer Support. Our target audience was initially geared towards groups of individuals who shared a common experience and has evolved to include one-on-one counseling, in addition to group sessions. The mission of our program has never waivered. Stamford Hospital wants to provide staff with a safe, secure, and healthy outlet to talk about a specific event (or sequence of events) and to foster a culture of mutual respect, compassion, and support. Our belief is this type of interaction promotes staff teamwork and improved communication which has a direct benefit to our patients experience at Stamford Hospital and their outcomes.

Recognizing the Need

Following a nursing survey and feedback from the nursing float pool, a recommendation was made to implement a debriefing team to support nurses, and those involved with direct patient care, to be able to talk about events or patients that had a particular impact on the staff. Pastoral Care had always served in a similar capacity for patients and their families who suffered a sudden, tragic loss of a family member or spiritual support for the dying. It became evident after a sentinel event at Stamford Hospital, followed by a traumatic assault that reached national headlines, that all staff had a need to communicate feelings about these occurrences. Stamford Hospital recognized that not only nurses, but all departments within the hospital, were impacted by these events.

In an effort to identify the best supportive programs, other hospitals in the area were surveyed. Stamford Hospital consistently heard feedback about the Critical Incident Stress Management (CISM) program and subsequently chose this model as the one we would adapt to address the need for staff debriefing. We launched our Peer Support program utilizing CISM in September 2009. Twenty three staff members, selected by their peers and volunteers, convened and were immersed in a two-day training intensive to learn the CISM principles and tools. Participation in the training came from many clinical and non-clinical departments including nursing, physicians, security and administration. Armed with the skills and tools to defuse and debrief staff following traumatic and or stressful events, our Peer Support program was launched.
About Stamford Hospital

Stamford Hospital is a non-profit community and teaching hospital located in Stamford, Connecticut. The hospital has 305 inpatient beds in medicine, surgery, medical and surgical critical care units, psychiatry and obstetrics/gynecology. The hospital is part of the New York-Presbyterian Healthcare System and is affiliated with the Columbia University College of Physicians and Surgeons, allowing hospital patients access to the latest in research and advance level of care.

Stamford Hospital is presently engaged in a major expansion which will result in state of the art facilities for patients and staff, including only private rooms for patients. Dedicated to the Planetree philosophy, Stamford Hospital strives to be “The Regional Center for Health” in the southwestern Connecticut region, including parts of Westchester County in New York.

Stamford Hospital serves all without regard of health insurance status or ability to pay. Since 1896 the hospital has adhered to the conditions set forth by John Clasen, one of the original founders: that the institution would be nonsectarian and not discriminate in receiving patients. And now, under the leadership of Brian Grissler, the board of directors and the executive team this mission continues to be fulfilled.

Stamford Hospital is a Planetree patient-centered designated hospital. Dedicated to the concept of patient-centered care, the hospital through its main campus and satellites promotes wellness and healing through complementary therapies as well as evidenced based medicine.

In 2016 Stamford will celebrate its 120th year of existence and will have completed its expansion, resulting in an 11 story major medical facility dominating the landscape. With expert physician and nursing care accompanied by a plethora of complementary therapies, pastoral care services, and the best in nutritional care, Stamford Hospital will embark on its next 120 years as a leading medical center in the northeastern US.

Goals and Objectives

Good Grief, now called the PEER SUPPORT TEAM (PST), was created as a result of two major critical incidents occurring at Stamford Hospital and affecting the emotional stasis of hospital staff. In cooperation with the medical, nursing, pastoral and administrative disciplines it was determined to undergo Critical Incident Stress Management training which took place over two days in 2009.

The primary goal of the PST is to provide structured group debriefing sessions to help staff ventilate their thoughts and feelings, provide support to each other and to learn how to manage their stress following a critical incident. Debriefings usually last from one to two hours and generally occur With 24 to 72 hours following the critical incident. 

NOTE: Debriefings are not used to critique either the incident or individual performance.
**Particular Objectives**

Provide opportunity for staff to recognize symptoms of stress resulting from critical incidents in the following areas:

*Emotional Symptoms*
- loss of emotional control
- depression
- guilt
- anxiety/fear
- grief
- feeling lost/overwhelmed

*Physical Symptoms*
- gastro-intestinal distress
- headaches
- muscle tremors
- chest pains
- difficulty breathing
- elevated blood pressure

*Cognitive Symptoms*
- poor concentration
- memory problems
- difficulties with calculations
- poor attention span
- difficulty making decisions
- slowed problem solving

*Behavioral Symptoms*
- withdrawal from contact with others
- changes in work habits
- sleep disturbance
- changes in eating habits
- changes in sleep patterns
**Getting Started**

Hospital staff (individually or through team managers) can contact a Peer Support Team member through Pager # 688, the Nursing Supervisor. The supervisor relays pertinent information to the facilitator on call. If a group session is required the assistance of the Nurse Manager/Director is encouraged to help coordinator the staff members that need to be involved. A neutral environment is chosen for the session with refreshments provided. Based on the number of participants, 3-4 facilitators may be required to successfully complete a CISM session. During the debriefing introduction, strict ground rules are discussed with strict confidentiality being reinforced. There is an on-call, 24-hour a day PST team member available at all times.

The debriefing is structured in seven stages:

- Introduction
- Fact
- Thoughts
- Reactions
- Symptoms
- Teaching
- Reentry

Upon completion of the debriefing members are encouraged to feel free to contact team members for further support.

**Implementing the Peer Support Team**

After the initial two day intensive CISM training of the PST facilitators it was important for this team to agree on how to launch this program to the entire organization. Information was distributed through the nursing newsline, unit based councils, shared governance councils, new employee orientation, and presentations to the nurse leadership councils. A PST pamphlet was created in order to help with this process.

Nursing leadership and management was actively involved in the initial training in order to understand the process and help with its implementation.

The PST facilitators decided to meet monthly in order to practice the CISM skills through mock sessions and create an on-call schedule which provided continuous coverage to all hospital employees. The first session was called on 11/6/2009.

Two members were chosen from the team to take on a leadership role in order to help facilitate monthly sessions focused on refreshing the CISM skills through practice sessions while monitoring the progress and utilization of this service.
Following the PST sessions, the assigned facilitators would meet to debrief and help with process resolution. These sessions were confidential with no information discussed or exchanged outside that session.

Feedback was essential from all facilitators involved in this program to help put mechanisms in place and discuss what is working well versus what is not working. Also discussed was how to refine the process and encourage increased utilization.

**Building Awareness**

The key word in building awareness is *communication*. Firstly, team facilitators must believe in the program and the positive impact it will have on their fellow workers. In order to maintain its momentum, team facilitators must generate enthusiasm to help spread the word within the entire hospital and organization.

Having previously mentioned the tools utilized to help with education, nothing is more successful than word of mouth and human contact. This program is based on intimacy and maintaining confidentiality.

Team facilitators have presented the PST program to nursing leadership and all the nursing shared governance councils on a regular basis in an effort to maintain its momentum.

All employees at the Stamford Hospital are encouraged to utilize the PST program. A session can be called by any employee at any time. A session can be provided on an individual and/or group request based on the specific incident or sequence of events.

**Evaluation**

Accountability and commitment to this program is essential. The monthly sessions encourage the development of new ideas on how to refine and improve this service. Again, the key component is communication. Fostering a high level of awareness throughout the organization is essential in order for this program to succeed and thrive.

On April 2012, the counselors decided to change the name from “Good Grief Team” to the “Peer Support Team”. This decision was followed by a consultation with a CISM instructor and feedback from hospital employees. Natural attrition had taken a toll with a reduction in available counselors from 23 to 9 over a 36 month time period. The team decided to interview and invited 9 new members to join.

All the original counselors together with the new members will attend a two day intensive CISM program on September 27 and 28, 2012. This intervention will allow the new members to learn CISM basic skills and help the original facilitators update their knowledge base.
introduction of new staff coupled with initial training and reeducation is important in order to maintain the viability of this program.

**Key Learnings**

- Continuous communication- Communication begins by listening to your staff and acknowledging their needs
- Identify leaders who can take ownership of the process
- All PST members must believe in the principles and commit to living its values with a clear and well defined goal
- A strong commitment from leadership and senior management is essential to maximize utilization of the peers support team
Peer Support Team Facilitator Role Description

• The primary role of a facilitator is to foster a safe and secure environment where confidentiality is reinforced and where participants feel comfortable speaking openly about the primary event.

• Facilitators must display maturity, respect and trust for their peers, sensitivity to others, willingness to help and the ability to adhere and established protocols and limits of the crisis intervention.

• Facilitators cannot be affected and must excuse themselves if they have any personal involvement in the event.

• Allot of the interventions are 1:1 sessions but when a large group is involved which requires ¾ facilitators. It is important for the facilitators to designate a leader to coordinate the different phases prior to the crisis intervention.

• Finally, following an intervention, a debriefing session is required. This gives the facilitators a chance to verbalize what happened, normalize the experience, hear other perspectives, provide emotional release, increase knowledge and ultimately increase feelings of competence.
PST Interview Questions

1. Resume & Work Experience

2. What is your understanding of the peer support team and how does the team promote the Planetree philosophy?

3. Give an example of a critical incident that would affect you and how you would handle it?

4. What coping mechanisms do you use in dealing with stressful situations?

5. What is motivating you to become involved in the peer support team?

6. What is your understanding of your role and degree of participation in the peer support team?

7. How would membership in the peer support team be different than involvement in other committees?
**Scenarios for Mock Sessions**

**Scenario One:**

One of the most-loved members of your department does not show up for work on Monday morning. He is highly responsible and is never late. After a couple of hours your supervisor receives a phone call from a distraught family member telling you the employee was killed in an automobile accident on the way to work this morning. The employee has a wife and three children – a 15 year old daughter, an 18 year old son who just graduated from high school and is to enter college in the fall, and a 21 year old daughter who is engaged to be married. Your whole staff is devastated by this news and has difficulty working.

**Scenario Two:**

As the members of your department arrive to work Monday morning, they discover that a long-term patient (who has been admitted to your unit on multiple occasions over the last 5 years) died suddenly on Sunday night. The patient was a younger mother of two preschool children. Over the years of the multiple admissions on your unit, the staff got very close to the patient, her husband and family. Because she is young and has small children like many of the staff on the unit, the staff members very easily identify with this patient and her family. Staff members are having a hard time carrying out their patient care duties with other patients, with some just bursting into tears at unexpected moments. (Sometimes in the presence of other patients).

**Scenario Three:**

Good grief session has been called by the nursing staff on a med-surg floor. Within the past month, 2 nurses have resigned, leaving the nursing unit understaffed. The census has not only been running high, but the activity is extremely high. Within the last week, 4 patients have been in restraints in addition two code blues, one resulting in a death. Nurses feeling overwhelmed and have been calling out sick with the remaining nurses mandated to work over their scheduled time. As an added complication, 2 nurses have made serious medication errors resulting in disciplinary action. Increased hostility has become more palpable evidenced by bickering between nurses and lack of communication between nurses and their manager. Ultimately this has resulted in below average Press Ganey scores. The staff is feeling hopeless and demoralized.
**Scenario Four:**

A good grief session has been called by the nursing staff on a psychiatric unit. Three days ago there was a physical altercation between a female nurse and her live-in fiancé. He arrived unexpectedly on the unit at change of shift to evenings. He appeared inebriated and became abrasive towards other staff members. He began yelling at his fiancé and the argument quickly escalated into a physical altercation resulting in security being called and physical assistance needed to end the fight between them and escort him off the unit. She sustained injuries and required treatment in the emergency department. She returned to work within 48 hours. Her behavior has changed dramatically and she has become withdrawn and isolative. The staff feels uncomfortable approaching her and feels that it is affecting her patient care. Adding to the stress of the unit, the nurse manager has been on vacation. There is a poor rapport with the covering manager and the staff feels uncomfortable availing of her support.

**Scenario Five:** Based on super storm sandy

The emergency department has experienced an influx of patients due to loss of power, flooding and cold weather. There is also a problem with staffing as highways are closed and high winds with poor driving conditions. There are multiple call outs and people unwilling to come in. Security offered to drive two nurses and one tech into work. A meeting is called due to high tensions after people feeling there was not enough teamwork to cover some of the staff members that live nearby and refused to come in.

**Scenario Six:**

Mary was a unit coordinator at a hospital for over 25 years. She worked on various units and was respected by all of her coworkers. She won employee of the year 2 years ago. About 6 months ago her house caught on fire and she lost her husband, youngest grandchild (whom she raised), and her 13 year old dog. She suffered third degree burns over 70% of her body and is being treated in a burn unit in the hospital that she works. Her husband and grandchild were fixtures at the hospital events and are well known to all the staff. The staff is having a difficult time dealing with this traumatic event. Multiple staff members have requested a peer support team meeting. The nurse manager has reported lower concentration from some staff members as well as an increase in call outs. This incident has resulted in two staff members not being able to treat a burn victim coming through the emergency department and openly weeping.
What Is a Critical Incident?

- Staff members experience the loss of patients with whom they have built close relationships
- A young patient dies following a tragic accident or illness
- A fellow employee becomes the patient as the victim of illness or injury
- Staff members work extra hours to cover a staffing shortage
- A manager resigns unexpectedly or the department is reorganized

All of these scenarios could take place at Stamford Hospital. All would cause increased stress for employees.

A "critical incident" is any event or series of similar events which may cause health care personnel to experience unusually strong emotional, physical, cognitive and/or behavioral reactions which have the potential to interfere with their ability to function effectively either at work or at home.

As a Planetree hospital, we are committed to personalizing, humanizing and demystifying the healthcare experience for patients and their families. Our approach is holistic and encourages healing in all dimensions—mind, body and spirit.
Recognizing Critical Incident Stress

Critical incidents have been shown to produce some fairly predictable stress reactions or symptoms. We may feel irritable, sad, or overwhelmed. We may have difficulty sleeping and experience troubling dreams or flashbacks. Our thinking may be affected because we are pre-occupied, cannot concentrate, or have difficulty with calculations. We may withdraw from others, either at home or at work. We do suffer when critical incident stress and its symptoms are not addressed.

Emotional Symptoms
- Loss of emotional control
- Depression
- Guilt
- Grief
- Anxiety/fear
- Feeling lost/overwhelmed

Cognitive Symptoms
- Poor concentration
- Memory problems
- Difficulties with calculations
- Poor attention span
- Difficulty making decisions
- Slowed problem solving

Physical Symptoms
- Gastro-intestinal distress
- Headaches
- Muscle tremors
- Chest pains
- Difficulty breathing
- Elevated blood pressure

Behavioral Symptoms
- Withdrawal from contact with others
- Changes in work habits
- Sleep disturbance
- Excessive silence
- Changes in eating habits
- Changes in sleep patterns

What Is the Peer Support Team?

The Peer Support Team is a group of select, volunteer staff members from Stamford Hospital who have completed CISM training approved by the International Critical Stress Foundation. This specialized training focuses on critical incident stress and helping employees in dealing with highly stressful situations.

What Services Are Provided?

A trained Critical Incident Stress facilitator meets one-on-one or in a group session to help staff to ventilate their feelings and thoughts, and learn how to manage the resulting stress following a critical incident. Sessions generally last from one to two hours and occur within 24 to 72 hours after the critical incident. It is not a critique of the incident or of individual performance. These sessions are designed to be helpful and healing to participants. Events and interactions discussed are confidential.

The goal is to accelerate and facilitate a normal recovery to ongoing stress or highly abnormal events.

Dealing with Critical Incident Stress

Things to try:
- Get plenty of rest
- Get exercise, preferably a rigorous workout
- Eat healthy foods in moderate amounts
- Avoid overuse or abuse of alcohol
- Talk to people—it can be the most healing medicine
- Help co-workers by sharing your feelings
- Make no big decisions or life changes
- Avoid self-medication
- Accept symptoms as normal—do not label yourself as "crazy"
- Reduce time spent with persons or tasks that stress you
- Seek professional help if symptoms persist

How Do I Contact the Peer Support Team?

To talk with a Peer Support Team member, call the Nursing Supervisor at Pager #688. There is an on-call, 24-hour a day Peer Support Team member ready to speak with you.
Stamford Hospital’s
*Good Grief* – CISM Team

CISM
Critical Incident Stress Management
Good Grief
A program in Critical Incident Stress Management (CISM) at Stamford Hospital

• Stress has a negative impact on physical health and emotional well being. It can disrupt our work/life balance, and inhibit our ability to provide the best care for our patients. Ultimately it leads to increased nursing burnout.

• This presentation will describe how our program came to be, and how the principles of AONE/NOA are alive and well in our hospital community.
Good Grief Facilitates a collaborative practice culture

- Good Grief was born out of direct collaboration between Pastoral Care and the Nursing Float Pool’s unit practice council, later expanding to members of our interdisciplinary team.

- Although the idea for something similar had come up previously it was not until this direct collaboration occurred that we were successful in bringing it to fruition.

- Good Grief is training 22 professionals in CISM including Nurses, Chaplains, Physicians, Unit Secretaries, Case Managers, Security Guards, HR Reps. This includes staff, and director level participants.
**Good Grief**
Facilitates a collaborative practice culture

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**Good Grief**
Showcases the presence of expert, competent, credible and visible leadership

- *Good Grief* was launched by the Float Pool unit practice council at the quarterly town hall meeting hosted by our CNO, Debra Hernandez. She has provided the executive support that the Float Pool unit practice council needed to bring this program forward.

- This effort has been financially supported by the Nursing and Planetree departments at Stamford Hospital. It meets the mission, values, and vision of each department and the organization as a whole.
What is CISM/Good Grief?

- CISM is Critical Incident Stress Management
- Response to trauma, sentinel event, chronic or acute stress affecting unit staff
- When to call a Good Grief session:
  - Psychological homeostasis is disrupted (increased stress)
  - Usual coping mechanisms have failed
  - There is evidence of significant distress, impairment, dysfunction
What is it for?

• Active, short-term, supportive, helping process
• Acute intervention designed to mitigate the crisis response
• Not psychotherapy or a substitute for psychotherapy
CISM / Good Grief

• Targets the response not the event

• Crisis intervention and disaster mental health interventions **must be predicated upon assessment of need.**
Goals

• Stabilization
• Symptom Reduction
• Return to adaptive functioning, or
• Facilitation of access to continued care
Lessons Learned from CISM

Early psychological intervention may

- Reduce the need for more intensive services
- Mitigate acute distress
- Reduce ETOH use
Defusing
vs.
Debriefing
Defusing

8-12 hours post event
• 1 hour session
• 3 phases

GOALS
• Normalization and tension reduction
• Set expectations and provide info
• Discuss coping methods
• Identify those who need additional support
Debriefing

1-10 days post incident
• 7 phases
• 1-3 hour session

GOALS:
• Mitigate distress
• Facilitate psychological normalization and “closure”
• Set appropriate expectations
• Serves as a forum for stress management education
• Identifies external coping resources
• Serves as a platform for psych triage and referral
**Good Grief Deployment**

- **ANYONE** can call a *Good Grief* session
- Call the Nursing Supervisor on pager 688 to initiate a session
- On-call *Good Grief* staff will be contacted & briefed (24/7)
- On-call person triages the situation and coordinates the team response
- Session planned, prepared and communicated to staff
**Good Grief**

**Demonstrates shared governance, and professional development**

- *Good Grief* is a success story of nursing shared governance, and has remained a staff driven initiative. The support of senior leadership has been evident at every step.

- Offering CISM training onsite at Stamford Hospital provides an excellent opportunity for individual professional development. Each participant becomes certified in group crisis intervention accredited by the International Critical Incident Stress Foundation.
Good Grief
Recognizes the value of Nursing’s contribution to practice

• As a Planetree hospital we strive to “care for the caregiver”

• As a Magnet hospital the personal and professional contributions that Nurses make to patient care are highly valued.

• The support that leadership has given to Good Grief sends a message that our efforts are appreciated and that the challenges of patient care are understood, and recognized.

• The grass roots way that Good Grief came about also sends a message that we can appreciate and support each other’s individual and collective contributions.
Good Grief

• We are proud that Nursing is leading the way in stress management at Stamford Hospital. We recognize that we must demonstrate the same values unto one another other as we do to our patients and their loved ones.

• In order to provide health and healing to others we must start with ourselves!