Apache County Public Health Medical Reserve Corp Peer Support Team

Members are trained in Critical Incident Stress Management
WHAT IS CISM?

Critical Incident Stress Management (CISM) is an adaptive, short term psychological helping process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post crisis follow-up.
Normal is different for everyone. Critical incidents raise stress levels dramatically in a short period of time and after intervention, a *NEW* normal is established. The purpose to Peer Support is to establish or set the *NEW* normal levels as low as possible.
Purpose

• Is to enable people to return to their daily routine more quickly and with less likelihood of experiencing Post Traumatic Stress Disorder. CISM is primarily used for individuals such as emergency services personnel.

• Is designed to help people deal with trauma one incident at a time by allowing them to talk about an incident when it happens without judgement or criticism.

• Program is Peer Driven, people providing interventions are mostly first responders, but can come from all walks of life or workers in the mental health field.
Public Health Capabilities

• Capability 1: Community Preparedness

• Definition: Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in community preparedness.
Other Capabilities

- Community Resiliency
- Community Recovery
- Volunteer Management
- Information Sharing
- Responder Safety and Health
How Our Project Came About

“Badge Of Life” Reports the following:
2008 police suicides: 141
2009 police suicides: 143
2012 police suicides: 126
2016 police suicides: 108
2017 police suicides: 147

• More officers die of suicide than from gunfire and traffic accidents.
• In 2016, the average age of a police suicide victim was 42 and time on the job was 17 years. 87 percent were males and 13 percent were female. 80 percent involved guns, with a leading cause being legal problems; in 75 percent of the cases, no cause could be identified. 22 percent of the suicides were at the rank of sergeant and above.
A Journal of Affective Disorders study conducted in 2015 of 1,027 retired and current fire fighters and revealed that:

- **46.8%**
  - of fire fighters had suicidal thoughts or ideas

- **19.2%**
  - of fire fighters made plans to commit suicide

- **15.5%**
  - of fire fighters made a suicidal attempt

- **16.4%**
  - of fire fighters harmed themselves but did not commit suicide

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**Firefighter Suicide Statistics**
Recipients

Critical incidents are traumatic events that cause powerful emotional reactions in people who are exposed to those events. Every profession can list their own worst case scenarios that can be categorized as a critical incident.
List of Worst Case Scenarios, The Top Ten

1. Line of duty deaths
2. Suicide of colleague
3. Serious work related injury
4. Multi causality/disaster/terrorism incident
5. Events with high degree of threat to personnel
6. Significant events involving children
7. Events with excessive media interest
8. Events in which the victim is known to personnel
9. Events that are prolonged and end with a negative outcome
10. Any significantly powerful, overwhelming distressing event
Emergency responders tend to portray themselves as “tough”, professional, and unemotional about their work. They often find comfort with other responders and they believe that family and others do not understand their experiences. Humor is often used as a defense mechanism as well as alcohol or possibly other drugs/medications may be used to self-medicate in “worst case situations”.

Why?
Peer Support Works Best With:

- Groups that are specially trained/educated
- Groups that possesses a unique culture
- Groups that perceive themselves as unique, little understood or misunderstood
- Groups that extend minimal trust to those outside
Types of Interventions

The type of intervention used depends on the situation, the number of people involved and their proximity to the event. The goal of the intervention is to address the trauma along the general progress of the event with three steps. Defusing, debriefing and follow-up.
Defusing

Is done the day of the incident before an individual has a chance to sleep. The defusing is designed to assure the person or people involved that their feelings are normal, to tell them what symptoms to watch for over the short term, and to offer them a lifeline in the form of a telephone number where they can reach someone to talk to. Defusings are limited individuals directly involved in the incident and are often done informally, sometimes at the scene. They are designed to assist in coping for the short term and address immediate needs.
Debriefing

Debriefings are usually the second level of intervention for those directly affected by the incident and often the first for those not directly involved.

A debriefing is normally done within 72 hours of the incident and give the individual or group the opportunity to talk about their experience, how it affected them, brainstorm coping mechanisms, identify individuals at risk and inform the individual or group about services available to them in their community.
Debriefing Continued

• Debriefing may be mandatory by all responders, but participation is not mandatory

• Details of the event are given from each participant’s perspective, emotional responses are shared, personal reaction and action followed by discussion of symptoms exhibited since the event

• Symptoms, if there are any being experienced, may be a “normal reaction to an abnormal event”

• Focus on self care is encouraged, eating, sleeping, drinking a lot of water
More On Debriefing

• Follow-up is conducted the day after debriefing to ensure individuals are coping well or to encourage a referral to mental health professional

• The primary focus of CISM is to support staff or members of community which have experienced a traumatic event

• The debriefing process has seven steps

• During debriefing the intervenor is always watching for individuals who are not coping well and additional assistance is offered at the conclusion of the process
Follow-up

This is an important final step. This is generally done within the week following the debriefing by team members and is conducted by checking in with the affected individuals.
Unit Activity Summary Report
Apache County MRC GISM Team (Unit # 2107)
Springerville AZ
January 1, 2017 - July 1, 2019

<table>
<thead>
<tr>
<th>51</th>
<th>Total Number of Activities Reported</th>
</tr>
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<tbody>
<tr>
<td>468</td>
<td>Total Number of MRC Participants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>355</th>
<th>Total Number of Hours Contributed</th>
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<tbody>
<tr>
<td>$8,952.39</td>
<td>Economic Value of Contribution</td>
</tr>
</tbody>
</table>

Impact

Between January 1, 2017 and July 1, 2019, Apache County MRC GISM Team reported a total of 51 activities. Because one activity can influence several impact areas, the total number of activities will not match the number of impact areas reflected in the pie chart. The total activities reported contributed to the following impact areas: 15 emergency responses, 34 strengthened public health, 21 served a vulnerable population, 18 supported non-emergency community events, 21 developed/strengthened the MRC Unit, 30 improved community preparedness/resilience, and 17 trained/exercised to improve unit or community response capacity/capability.

Comparison: Number of Activities

- Apache County MRC GISM Team
- State Average
- Region Average
- National Average
Law enforcement officers, firefighters, paramedics, and other first responders must continually see the worst of human experience. The ravaging effects of a fire, the emotional and physical damage caused by accident and abuse, the threat of personal attack, constant stress, and in today's climate, the constant threat of terror attacks, creates an inability to save everyone they attempt to help and this takes a toll.
Project Timeline

• Brainstorming and research on suicide prevention programs
• First CISM class in November 2016
• January 2017 first meeting held to discuss idea of building a team
• March 2017 policy was completed by core group of 15 members
• August 2017 discussions held with MRC Lead for Region on what we would like our Team to look like
• November 2017 second class held, sponsored by C.O.P.S, in Show Low
• Grant application submitted for training and won for $12,500
• April 2018 for CISM class in Springerville
Project Timeline Continued

• Advanced CISM class held in Show Low August 2018
• CISM Application with Children held October and December 2018 (Sponsored by Northern Healthcare Coalition)
• Advanced CISM Classes upcoming in January and February (Sponsored by Northern Healthcare Coalition)
• Application submitted (in next few weeks) for Team membership with ICISF
• Train the trainer attendees identified and sent to training summer 2019
• Abstract submitted to present at Preparedness Summit in partnership with Navajo County
• Episode of “Safe and Sound” taped on Peer Team (Show Low YouTube, October 2018)
Valuable Partnerships

• Local law enforcement
• Local fire departments
• Local EMS
• Local hospitals
• Local behavioral health agencies
• Department of Education
• Navajo County PHEP/AZCHER
Resources

What you can do to support your loved one

- Encourage, but do not pressure, your loved one to talk about the incident and their reaction to it. Talk is the best medicine. The best way to help is by listening and reassuring.
- Take care of yourself. Though not involved in the incident, you are a participant in the incident, through your spouse. Make sure there is someone with whom you can talk things out. It can be difficult and exhausting to care for others, so it is important that you "put on your oxygen mask first."
- Spend time with the traumatized person, but also ensure you give them private time.
- Reassure them that they are safe.
- Help them with everyday tasks such as cleaning, cooking, caring for family, ministering children, etc.
- Don't take their anger or sad feelings personally. It's not unusual for a traumatized person to express anger or sadness or other emotions.
- Share your feelings about the situation. Don't say "I know how you are feeling," because you don't. You may have gone through something similar but not through their experience or as seen through their eyes.
- Don't tell them that "it could have been worse"—traumatized people are not comforted by these statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

What about the kids?

As parents, our first instinct is often to hide our emotions from our children. A child's survival depends on perceiving the emotional state of adults upon whom they depend. They know when their parent is upset. When we don't acknowledge this to the child, he must then make his own assumptions about what is upsetting us. The child has a very self-centered view of the universe and consequently decides that whatever has upset his parent is his fault. This, of course, leads to heightened anxiety in the child and actually makes the situation worse.

Not telling a child what is going on, therefore, doesn't shield them, it actually creates distance.

Kids, especially younger kids, can react to your energy and mood. Things to watch for are acting out behaviors, aggressive behavior, anxiety, protectiveness (we get protective of them and they of us). When talking with your kids, remember that kids are much more concrete in their thinking than adults are. They don't grasp abstract concepts, talk to your kids at a level they can understand. Young children need to be freed. If you are anxious, your kids will be as well. Other things to keep in mind are exposures to trauma can develop PTSD more quickly as they haven't developed the mechanism to process trauma. Adolescents can be very self-centered and can react in an event only if they are directly involved. Include the child in the cleanup efforts and other activities designed to return life to normal. They will feel more in control if able to help out a little. Do not expect the child to take care of you and your stress. Find help to cope with your own stress.

The team stands ready to provide debriefings, debriefings, and one-on-one peer support for Police, Fire, EMS, Dispatchers and Hospital staff.

Contact the team coordinator 24 hours a day.

For Apache County agencies:
Tammi J. Witches at 520-411-3256 or 928-399-1141
Shenna Lodge at 928-542-3162

For Navajo County agencies:
Kym CParrish at 520-411-7790

If you or a loved one is experiencing thoughts of suicide, call the toll-free National Suicide Prevention Lifeline (1-800-273-TALK [2125]) 24 hours a day, 7 days a week.
Go Kits
Upcoming

• Developing a Regional Approach
• Future wish list
• Uniforms?
Contact us!

Tammi-Jo Wilkins
Shawna Murphy
Apache County Public Health Services District Division of Emergency Preparedness
928-333-6430/333-6440