

a resource manual for
**First Nation Community
Crisis Reponse Staff and Volunteers**

guidelines & protocols

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About this Guide

After a tragic wave of suicides in the early part of 2009, there was near spontaneous response by government departments, agencies, organizations and ordinary citizens who wanted to do something to help.

At an informal community gathering, where a group decided to produce a video celebrating Eskasoni's resilience and hope, a young person remarked that what was happening in our community felt like a storm. Someone else said it was more like a tsunami.

On many levels, this is a powerful analogy. The devastation felt by individuals, families and our entire community after just one suicide – let alone what became an epidemic – is incalculable. Suicide's immediate destruction is like the earthquake that rips the ocean and tears away the land. The wave that follows leaves no one in its path untouched and once the water has receded, nothing is the same again.

The analogy is also important in understanding how people respond to a disaster in a community. Offers of help, of every kind, pour in immediately following the event. But once our story has left the headlines, short-term commitments of assistance leave with them. The problem is that recovery from crisis takes years, even generations. This requires long-term investments for rebuilding and healing, and strategies to protect the community as much as possible from crisis in the future.

While outside resources are vital, equally important is that local community members are equipped with the skills and tools they can use to recognize a situation before it becomes a crisis and to know how to respond in those times that it does.

To this end, I facilitated the establishment of the Mi'kmaw Mental Health Committee, a volunteer committee which consisted of representatives from the following Eskasoni service provider organizations:

- ❖ Union of Nova Scotia Indians – N.S. Mi'kmaw Mental Health/Brighter Future's Coordinator
- ❖ Mi'kmaw Lodge
- ❖ Native Alcohol and Drug Abuse Counselling Association
- ❖ Unama'ki Tribal Police
- ❖ Eskasoni Mental Health & Social Work Service
- ❖ Mi'kmaw Family and Children's Service
- ❖ Mi'kmaw Family Treatment Centre

This committee has worked tirelessly over the past few years toward the development of the "Mi'kmaw Crisis Response Team Guidelines". These guidelines are solely based on the experiences of the Eskasoni Crisis Response Team. The Eskasoni Team has successfully used the enclosed

guidelines in a number of occasions within their own community and other Mi'kmaw communities in the Maritimes.

I hope these guidelines and supporting resources will provide the necessary information for your local service providers to begin looking at the establishment of a Crisis Response Team to meet the needs of your community members.

It has truly been a privilege and pleasure to work with this volunteer committee.

Wela'liog

Sharon (Paul) Rudderham
Chairperson, Mi'kmaw Mental Health Committee
N.S. Mi'kmaw Mental Health/Brighter Future's Coordinator

(1999)

Acknowledgements

The current Resource Guide has been adapted from original work by Daphne Hutt-MacLeod (1999) based on a request to revise and modify with Tripartite project funding so that it could be rolled out and utilized by the other Bands in Nova Scotia. Special thanks to Daphne for her clinical leadership and commitment to our communities and for developing the foundation of this document, which will continue to be adapted and used by communities throughout the region.

We would also like to thank:

Our Committee Members who have also provided their valuable input and expertise and ongoing support: Diana Christmas, Christine Metallic, Sharon Paul-Rudderham, Sandra Gloade, Sr. Franklyn Ferguson, Jay Marshall, Clarence Gould and Vincent Stevens;

The Union of Nova Scotia Indian Chiefs for the ongoing support in our work to assist communities in dealing with crisis. The ongoing support of the Nova Scotia Mi'kmaw Mental Health/Brighter Future's coordinator position, recognizes the need for advocacy in the area of Mental Health Services for Mi'kmaw people of Nova Scotia; NADACA for its help with organization and logistics; and

Our sincere thanks on behalf of the Mi'kmaw Mental Health Committee.

Background: Formation of Mi'kmaw Mental Health Steering Committee

In November of 1992 various Eskasoni agencies sent personnel to a workshop in Sydney entitled Critical Incident Stress Debriefing (CISD). After this session the need to form a Crisis Response team was magnified by a crisis within the local community which solidified the formation of the Eskasoni Crisis Response Team. Later on, other communities began to view the "Eskasoni team" as a "Cape Breton Mi'kmaw Crisis team". This situation however was not ideal since everyone recognized that each Mi'kmaw community should have their own local Crisis Response team. Each First Nation community would benefit from having their own Crisis Team comprised of people from the community who would know their people better in a crisis situation, and would understand the Mi'kmaw language, culture, traditions and community protocols.

A Resolution was passed in May, 1995 by the Chiefs of the Union of Nova Scotia Indians to support the development of Crisis Response Guidelines for Mi'kmaw communities. Under the mandate of the Chiefs of the Union of Nova Scotia Indians, the Mi'kmaw Mental Health/Brighter Futures Coordinator began to facilitate and organize monthly meetings with the various agencies within the Eskasoni community. Eskasoni was chosen for the development of these guidelines by the Mi'kmaw Mental Health/Brighter Futures Coordinator mainly because the community agencies within Eskasoni were already meeting on an informal basis to develop guidelines. Furthermore, many of these Eskasoni agencies had personnel who had been sent for the Critical Incident Debriefing training and thus were familiar with critical incidents and crisis management techniques. The Eskasoni team has successfully used the enclosed guidelines on a number of occasions within their own community and other First Nations communities in the Maritime Provinces.

The completion of this document is a timely one since many Cape Breton and mainland Mi'kmaw communities now have personnel who have been trained in Crisis Management and Critical Incident Debriefing techniques.

Introduction

Every Mi'kmaw community is unique and this protocol should be used only as a guide to developing your own personalized crisis response team and intervention guidelines. Any development of a crisis guidelines need to keep in mind the community structure so that there is cooperation and communication between agencies, services, spiritual leaders and Grand Council members. The Crisis Response Team **IS A STRICTLY VOLUNTEER ORGANIZATION** and service to the community.

Goals and Objectives

- ❖ To ensure people who have been affected by a traumatic event, receive immediate help as well as follow-up service
- ❖ To provide Mi'kmaw communities with a method of organizing a Crisis Response Team
- ❖ To provide other Mi'kmaw communities with information and a knowledge base gained by Eskasoni First Nations Crisis Team as they began to organize their Crisis Response Team through a trial and error process
- ❖ To empower Mi'kmaw communities to establish their own Crisis Team by providing a basis from which individual communities can develop their own unique approach when dealing with crisis events
- ❖ To empower Mi'kmaw people to present a strong broad-based team approach in dealing in crisis events

Philosophy

Everyone goes through a normal grieving process when someone they love dies. However, from time to time, a situation arises, that is outside the realm of the normal grieving process, and is determined to be a crisis.

A crisis response team should not interface with a communities normal and historical grieving pattern, a crisis team should only become involved in a situation if (a) the family requests a crisis intervention and (b) if the situation meets the criteria of a traumatic event or crisis, such as murder, suicide, murder/suicide, multiple accidental deaths. Crisis Team personnel should avoid inadvertently giving the message that the way a person or group of people are grieving isn't normal. The implementation of a Crisis Response should be smooth and unobtrusive and should not create an even greater crisis than what existed before the initiation of the crisis response.

People in crisis often experience anxiety, feelings of vulnerability and difficulty coping. Events such as: the sudden death of a child or adult, accidental disasters, real or threatened violence and suicide may produce a crisis for children, adolescents and adults alike.

While all of us hope that you would never have to make use of the procedures outlined in this document, it would seem appropriate to prepare, culturally relevant procedures, for a traumatic or

crisis event. In this manner, everyone will know how to handle the situation to the best of their ability for the sake of the people affected by a crisis, when and if, a crisis should ever occur in your community.

Well developed and organized Crisis Response Teams are in a position to play a major role in helping people deal appropriately with tragic deaths. (A detailed definition of what constitutes a crisis event may be found on page 11.)

Initial Recommendations for Implementation

- 1) **It is imperative that all members of the Crisis Response Team receive in-service training on death and grieving.** This in-service may be provided through a variety of professional agencies and attendance at conferences, seminars and workshops. Such in-servicing will insure that all team members will have training in crisis intervention strategies.
- 2) That the contents of this document be reviewed and edited after each crisis experience, to include comments and suggestions from Crisis Team members, community agencies, elders, families and individuals who have experienced traumatic events/crisis situations. These people will have valuable suggestions for improving the delivery of traumatic events (crisis) counselling.
- 3) That the material contained within this document be reviewed and updated every four years, to reflect the experience gained by team members from their participation in crisis response teams in their own communities. This may be arranged by the various community Crisis Team Coordinators calling a meeting to review and edit this document. It is imperative for this meeting to be arranged by the Team Coordinators so that this document remains relevant and reflects each community's experiences.
- 4) That new resources, such as books, videos, and training sessions for team members, be added and reviewed on a two year basis in each individual Band.
- 5) The role of the Crisis Team Coordinator will define the future success of your team. The Crisis Team Coordinator should possess good communication, decision and organizational skills. (See Skills or Crisis Team Coordinator on Page X).

Development of a Crisis Response Team: How Communities Can Begin to Develop a Plan for a Crisis Team

STEP 1: Coordinate an interagency team to organize efforts

- ➡ Begin by calling together a small, but manageable inter-agency team of 4-5 professionals from various agencies and services within the community
- ➡ From this small group, develop a list of people within your community who may typically be members of a Crisis Intervention Team (i.e., mental health professionals, spiritual leaders, police officers, community leaders, etc)

STEP 2: Introduce Crisis Team concept to potential Crisis Team Members

Hold a meeting with the individuals that you have listed and discuss with these potential members what a Crisis Team approach means for them and their community. When choosing Crisis Team members keep in mind the various agencies and personnel that are available.

STEP 3: Identify and Train Crisis Team Members

- ➡ The selection of the Team Coordinator is made from the interviews and questionnaires and should be based on which Team member is best qualified to carry out the responsibilities and duties that arise during a crisis situation. Keep in mind that the Team Coordinator should be easily accessible to community members. (See Appendix A for a copy of the interview process and Crisis Team Member questionnaire on Page 27.)
- ➡ Each potential Crisis Team Member should undergo an interview process, in which the team member has identified which crisis situations they feel most confident and competent in handling, their relevant experience, level of training and interest, and any situations that they might feel uncomfortable about being involved within a crisis situation. (See Page 27)
- ➡ Arrange for the identified Crisis Team members to be trained in Crisis Response and Critical Incident Stress Debriefing as well as other forms of crisis intervention strategies.
- ➡ Before initiating any crisis response it is advised that Crisis Team members be trained in crisis response interventions and managements as well as grief and bereavements counselling skills.
- ➡ Produce and publish a list of Crisis Team Members and their telephone numbers for distribution to other team members. If possible, outline what services they provide along with role within the team. (See page 32)

In the community of Eskasoni, Crisis Team Members were selected from the following agencies:

- Mi'kmaw Family and Children's Services
- Mi'kmaw Family Treatment Centre
- Eskasoni Mental Health and Social Work Service
- Native Alcohol and Drug Abuse Counselling Association
- Mi'kmaw Lodge
- Unama'ki Tribal Police
- Health Services
- Holy Family Parish
- Grand Council & Elders
- Eskasoni Elementary, Junior High & High Schools and TEC
- Bereavement/Support Volunteers
- Eskasoni Fire Department & Ambulance Service

STEP 4: Develop a plan

- ➡ Once all the Team Members have been adequately trained, it is important that you develop guidelines outlining who is in charge, who will decide if a crisis team needs to be activated and after assessing situation the coordinator will decide which team members will respond
- ➡ Identify a central location and telephone number for community members to contact during a crisis. (Preferably a 24 hour location e.g. Mi'kmaw Lodge.)

STEP 5: Implement the crisis response

- ➡ Using the plan that you have developed, implement your crisis response to the crisis situation
- ➡ Monitor the Crisis Teams progress throughout the crisis and insure that "at risk" individuals receive appropriate care.

STEP 6: Evaluate and Revise the Crisis Response

- ➡ At the end of each day after the Crisis Team Member debriefing, People who can be considered "at risk" should be identified and monitored.
- ➡ Evaluate the actions and interventions of the Crisis Response Teams interventions and make modifications as required. Attempt to make the Crisis Response relevant and appropriate to the needs of the people "in crisis".
- ➡ Discuss the issues that were addressed during the day as well as those issues that may need to be addressed in the days to follow.

- ➡ At the conclusion of the crisis response/intervention, a Crisis Team Member Debriefing session should occur to allow Team Members to review their specific actions and interventions during the crisis response. This debriefing session should be no longer than two hours and be limited to specific actions undertaken by the Crisis Team Member. Any Crisis Team Member requiring further and more intensive debriefing will be referred for individualized counselling services.
- ➡ At the conclusion of a crisis intervention, Team Members should review, and if necessary, revise the Crisis Intervention guidelines/protocol. A policy of constantly revising the Crisis Response Teams interventions assists the Team in keeping its interventions relevant, appropriate and beneficial to their community.

A guideline of the Eskasoni Crisis Response Team intervention strategies is provided in the pages to follow. Please feel free to edit, revise and personalize these procedures and guidelines to suit the needs of your own community. It may also be beneficial for other organized Crisis Teams to be in regular contact with each other to share resources.

Eskasoni Crisis Response Team Guidelines

Mission Statement

When a tragic, sudden and unexpected crisis/traumatic occurs affecting a large segment of the community, the Eskasoni Crisis Response Team, will respond, in an appropriate manner, for the benefit of all community members and the immediate family. It is understood that the Crisis Response Team is a volunteer organization whose sole purpose is to provide assistance to families in need during a major crisis. Not all tragic, sudden and unexpected crisis or traumatic events require a response from a Crisis Intervention Team. When an event occurs, a Crisis Team will only be activated by the Crisis Team Coordinator, at his/her discretion, in consultation with the family and other Crisis Response Team members.

Rationale

The Eskasoni Crisis Team Guidelines were developed with the following objectives:

- a) To prevent individuals from struggling in isolation;
- b) To create an environment which enables individuals to feel safe where they are able to deal with a crisis situation within the community;
- c) To stop rumours, reduce confusion and feelings of anxiety, offer counselling and/or reduce exaggerated or inappropriate behaviour resulting from the crisis;
- d) To provide coping strategies that may minimize both immediate and long-range mental health problems triggered by such events; and
- e) To provide crisis intervention strategies that are culturally appropriate and sensitive, and do not interfere with a family's or the communities historical manner or coping with death, dying and the grieving process.

What Constitutes a Crisis or Traumatic Event?

A crisis situation that may require the initiation of the Eskasoni Crisis Response Team can be defined as a sudden, unexpected, uncomfortable, and tragic event which causes family or community crisis. For example, multiple deaths by fire, fatal car accident, homicide/suicide, and/or a community disaster, all fall within this category. In many of these identified situations, the Crisis Team would most likely be initiated.

A crisis is a major event of emotional significance that produces stressful reactions affecting the stability of an individual's mental, spiritual, emotional or physical well-being. The person's ability to deal with normal everyday events and their overall ability to cope and function appropriately may be seriously affected. A Crisis Team may be called to address major crisis events and situations; however, the decision will depend on the nature of the crisis, its severity, the impact on the family and community, as well as the ability of those affected by the crisis to cope with the situation themselves. A decision to initiate a full or partial Crisis Response Team will be made by the Crisis Team Coordinator in consultation with family members and other Crisis Response Team members.

Eskasoni Crisis Response Model

Crisis Response Team Members:

All Crisis Response Team members are not available at all times. If a Crisis Response Team member belongs to a family in crisis, they may not be available. Due to circumstances and specific crisis situations, the Crisis Team Coordinator will exercise discretion in choosing the specific team members who are called upon to be involved and work in particular crisis.

It is also recommended that the Team Coordinator be aware of each team member's strengths and weaknesses so that appropriate decisions can be made as to which team members can be most helpful in any given crisis situation.

It is also important that the Crisis Team Coordinator (or designate) remain in contact with the Activities Coordinator who in a central location throughout the duration of the crisis intervention.

Skills of the Crisis Team Coordinator(s):

First and foremost the Crisis Team Coordinator should be a sensitive, caring, empathetic and confidential person.

It is advised that this individual have a knowledge of the people within their community; be easily accessible to the community; have a knowledge and an understanding of the tradition; involvement the community's Keptains; and more importantly family histories. This understanding and knowledge of the community will lead them to choose the most appropriate Crisis Team members to respond to any given situation.

It would be an asset if the Team Coordinator could speak the language; however, it is not mandatory. The Team Coordinator must take a leadership role in directing team members, and assigning roles and duties from a central location.

The Team Coordinator should possess excellent communication, decision making and organizational skills. The Team Coordinator should have training in Crisis Management, Critical Incident Stress Debriefing, grief and bereavement counselling and Suicide Intervention.

Skills of the Second Coordinator

This individual should possess the same qualities as the First Coordinator. This individual takes on the role of the Coordinator in his/her absence or when the situation dictates that this person is more appropriate for the present crisis as well as to provide back-up Coordinator services when a crisis situation is expected to last for several days up to a week.

The Crisis Response Team Coordinator, or designate, becomes the key player during a crisis situation. He/she is responsible for the procedures to be carried out relative to the particular circumstance. The Team Coordinator may be the first person contacted in the event of a crisis/traumatic event. The Coordinator (or designate), in consultation with the family and other Crisis Response Team Members, will decide if a Crisis Response Team will be activated. He/she

also decides which Team Members will assist in the crisis and places team members where they are needed.

Skills of the Team Members

First and foremost, Crisis Team members should be sensitive, caring, empathetic and confidential individuals.

Crisis Team members should possess training in Critical Incident Stress Debriefing, Crisis Management, grief and bereavement counselling skills as well as crisis response training. Each Crisis Team member should identify their areas of specialty (age groups and particular crisis situations). The ability to speak the language of the community would be an asset, but is not a necessity.

Definition of Responders, Supporters, and Crisis Team Members:

It is important to make a distinction between first responders, supporters and actual crisis team members. Responders are typically front line workers who are first on the scene of a tragedy or crisis and include ambulance attendants, fire personnel and police.

Supporters are typically those people in the community who perform social duties such as assisting the family and funeral preparations, offering prayers, house cleaning, food preparation, and home maintenance services.

Actual Crisis Team members are those individuals who have been assigned the specific role of providing crisis, grief and bereavement counselling.

While responders and supporters are welcomed to perform the duties of crisis team, after their regularly scheduled job duties, they must be very clear about which role they are performing and when they are a crisis team member and when they are a supporter or responder.

Responsibilities of all Team Members:

Crisis Team members typically include community service providers such as counsellors, nurses, police and fire personnel, addiction counsellors, social workers and trained community members. These team members would benefit from having some grief counselling skills and training. An assessment process should occur on a team member to determine their strengths and weaknesses so that judgements can be made regarding which crisis situation that each team member is best suited for. Team members will have already identified, during their initial interview, which situations they think can handle best. (Please see Appendix A – Crisis Response Team Questionnaire on page 27.)

For people who may be Crisis Team Members, but who are directly affected by a given crisis, it is understood that they are to be considered part of the crisis and a client, and therefore, not an active member of the crisis team for this situation.

Team members who will be assigned to the immediate family of the victim, should have a background in counselling skills due to the sensitive nature of the situation. These team members should be provided with back-up and replacements. Very often, families themselves will have a

leader, who the Crisis Team can assist in the preparation and identification of family members who are in need of care.

Other team members should be assigned to assist any community member who may be related to the individual(s) involved in the tragedy or anyone who may be adversely affected by the traumatic event. As a result, those Crisis Team members assigned to this group of people should be familiar with the family ties and relationships, and therefore able to assist anyone who may be connected to the traumatic/crisis event. It is again, most beneficial if these Crisis Team members are able to speak the language of the community. In respect to cultural traditions and beliefs, Crisis Team members need to be aware that extended family often need to be provided with an opportunity to say good-bye, and if necessary to ask forgiveness and to make peace and bring closure (Apiksiktuagn).

Team members need to attend the debriefing sessions organized by the Crisis Team Coordinator within the first week following the crisis response so that discussion, evaluation, revision and debriefing may occur. It is also important to discuss referrals of clients for long-term care and follow-up interventions (i.e, referrals to counsellors). At this debriefing session, Team Members will also be provided with an opportunity to discuss their actions during the crisis. By engaging in such activities, it is hoped that Team Members will bring closure to the crisis response and therefore avoid or prevent potential “burn out” of Team Members.

Debriefing sessions should not be confused with support group counselling or a Talking Circle. Debriefings are typically no more than two hours in duration, and involve a discussion, by Team Members, or the handling of the crisis situation. The topics for discussion should remain strictly business oriented (talking only about how the crisis interventions unfolded) as opposed to a discussion of the emotional impact that the crisis had on the crisis team members. In the event that a Crisis Team Member requires further discussion about the emotional impact that the crisis situation had on them, specifically, individual counselling sessions will be offered and scheduled.

Several Crisis Team members need to be assigned as an Activities Coordinator, These individuals assist the Coordinators and the Team members. These individuals take on the role of secretary and handles the telephones, lunches, calls Team Members and coordinates people and activities. The individual(s) who provides this service, are typically located in a predetermined central location so that they can be easily accessed by community members, crisis team members and the Crisis Team Coordinator.

Stages of a Crisis Intervention

The following are suggested stages in the process of interviewing and managing a crisis situation:

Stage 1: The Team Coordinator is either contacted or is in contact with the people involved with the crisis. The Team Coordinator (or designate) determines:

- a) The Team Coordinator should attempt to clarify the facts surrounding the crisis by contacting the family and/or responsible authorities, prior to the Crisis Response Team's initial meeting. The Coordinator will confirm the event through direct contact with responsible authorities (i.e., police, family and/or clergy). No action should be taken until the family is contacted and their approval is received.
- b) That help has been requested to assist people in dealing with the crisis;
- c) Obtains the details of the crisis;
- d) The Team Coordinator should call the family to confirm the crisis and offer assistance/condolences. At this time, he/she should inform them that a Crisis Team can respond to the tragedy if they desire. Ask the family if they have any special requests, re: funeral arrangements, flowers, and/or information that they will allow to be shared with other people; and
- e) develops an appropriate response.

Stage 2: Upon notification and confirmation of the need for a crisis response, approximately 30-60 minutes prior to the initiation of the crisis response:

- a) the Team Coordinator will assess and determine which team members are more suitable for the particular crisis; and
- b) the Team Coordinator identifies and instructs activities coordinator to contact all or specific team members. Those team members responding will be requested to attend a planning session meeting at a central location.

The Coordinator will contact other outside agencies as required.

The Team coordinator will contact the Crisis Intervention Manager at the local hospital as a professional courtesy.

The Team Coordinator will contact other communities that may possibly be affected by the incident.

If, in the opinion of the Crisis Team Coordinator, or designate, the crisis interventions may be required over the course of several days to a week, they may choose to assign Crisis Team members to various shifts in order to maintain a fresh and alert Crisis Response Team and to avoid burn-out and overburdening of team members.

Stage 3: The Team Coordinator reviews the situation with the crisis team when they arrive at the designated area and determines if a Crisis Response Team will be activated and which Team members will respond to the crisis situation.

At the crisis Response Team meeting the Coordinator will review the facts of the crisis with Crisis Response Team Members as well as to explain and co-ordinate the specific roles Crisis Team members will play during the day. He/she will provide support to Crisis Team members and will attempt to dispel rumours by having as accurate a picture of the crisis as is possible. The Team Coordinator will also discuss the Crisis Team's plan for the day.

Stage 4: A crisis centre will be established and team members are in active crisis management. Additional support personnel may be called in from outside agencies to assist with the crisis (if required). In certain situations the crisis centre may be kept open after hours and into the evening to assist community members.

The Team Coordinator will ensure that the people "at risk" are identified and appropriate follow-up activities are continued. "At Risk" would include anyone who is adversely affected by this trauma/crisis (i.e. family member(s) having an extremely difficult time; close friends; extended family members; next door neighbours; witnesses; and any individual who may have shared a similar crisis). It is very important at this stage to identify and prioritize the level of risk (i.e. suicide, injury to self, injury to others).

Procedures outlined in the Samples of Group and Individual Grief Session Outlines (see page 21 and 23) may be utilized to facilitate communication and make appropriate information available to Crisis Response participants.

In the event of school related crisis a letter may be sent home with students notifying parents of the crisis, providing them with appropriate information and notifying them that a Crisis Team will be available for their children.

Stage 5: Crisis Team members should be assembled at the end of the first day. The Coordinator, or designate, conducts the meeting to determine the following:

- a) Review the events of the day
- b) Review the characteristics of high-risk individuals (e.g. those who seem especially upset or depressed or show other signs of not coping well). Compiles a list of team observations of distressed individuals' reactions during the day and make suggestions for providing support and assistance.
- c) Evaluate by listing and reviewing what worked and did not work.
- d) Make plans for the next day.
- e) Identify what the major issues were for those attending crisis response session.

Stage 6: Crisis team members need to assemble at the end of the crisis response (no more than one week later) to engage in a debriefing session. (For complete details please see Debriefing section on page 24.)

Ensure that appropriate follow-up and aftercare takes place.

Eskasoni Crisis Response Model

STAGE 1: *Crisis – Team coordinator assesses nature of the crisis* and decides if response is appropriate

STAGE 2: *Crisis Team Coordinator contacts Crisis team members.* Team coordinator identifies and instructs Activities Coordinator to contact all or specific team members. Team Coordinator contacts work place supervisors to release Team Members. Crisis Team Coordinator contacts Crisis Intervention Manager at the Cape Breton Regional Hospital, as a professional courtesy.

STAGE 3: *All Team members meet at the health centre or designated area.* Crisis team Coordinator assigns tasks and responsibilities to team members.

STAGE 4: *Team members in ACTIVE crisis management.*

STAGE 5: *Crisis Team Coordinator organizes and conducts daily feedback sessions.* To evaluate and assess the teams response and crisis intervention. It may be necessary to repeat stages 2 through 4 for several days until the crisis has been contained.

STAGE 6: *Crisis Team Coordinator organizes and conducts a FORMAL Debriefing Session for all* (everyone involved in crisis response) at the end of the crisis.

Follow-up and Aftercare, Team Coordinator will be responsible for remembering anniversaries or other significant dates, by keeping a diary of events. Also to designate members who will be responsible to reconnect identified individuals on the above mentioned dates.

Eskasoni Crisis Team Response to a Crisis Outside of Eskasoni

STAGE 1: CRISIS – Band Administration from outside the community of Eskasoni contracts the Eskasoni Crisis Team Coordinator.

STAGE 2: Crisis Team coordinator assesses nature of the crisis and decides if response is appropriate.

STAGE 3: Crisis Team coordinator contacts Crisis team members. Team coordinator identifies Activity coordinator/Band Liaison. Then instructs Activities Coordinator to contact all or specific team members. Team Coordinator contacts work place supervisors to release Team Members. Crisis Team Coordinator contacts Crisis Intervention Manager at the local Hospital, as a professional courtesy.

STAGE 4: All Team members meet at health centre or designated area with Band Liaison. Crisis Team Coordinator assigns tasks and responsibilities to team members.

STAGE 5: Team members in ACTIVE crisis management.

STAGE 6: Crisis Team Coordinator organizes and conducts daily feedback sessions. To evaluate and assess the teams response and crisis intervention. It may be necessary to repeat stages 2 through 4 for several days until the crisis has been contained.

STAGE 7: Crisis Team Coordinator organizes and conducts a FORMAL Debriefing Session for all (everyone involved in crisis response) at the end of the crisis.

Follow-up and Aftercare, Team Coordinator will be responsible for remembering anniversaries or other significant dates, by keeping a diary of events. Also to designate members who will be responsible to reconnect identified individuals on the above mentioned dates.

Sample of Group Grief Crisis Session Outline*

*The following steps were developed by Daphne Hutt-MacLeod for the Richmond District School Board, 1992, and have been successfully conducted by the former Richmond District School Board's Crisis Response Team. It should be considered a guideline only, to allow Team Members to have a structure for implementing the actual crisis response. This outline is what might typically be offered in Stage 4 of the Eskasoni Crisis Team Response Guidelines.

The following is an example of how you may wish to organize a group-oriented crisis session. Very often, this type of crisis intervention is offered in a school setting or when a large groups of people have assemble in one central location, such as a crisis center, looking for assistance in dealing with their grief surrounding the crisis event.

1. Have a Crisis Team Coordinator or designate introduce the individuals conducting the grief session.
2. Have someone who knows the facts of the crisis to relate these details to the individuals attending the crisis response event as a means of minimizing distortions. Explain these details in a clear, concise and direct manner. It is extremely important that people be provided with accurate details of the crisis/traumatic event. Rumours may be devastating for some individuals.
3. Have someone, possibly a close friend, say a few brief words regarding the deceased.
4. You may wish to allow the people in attendance to write or say a few words about their friend. We have found that this is the most useful in the initial stages since people frequently have difficulty relating their feelings to a group of their peers.
5. Have someone discuss the grief process as well as the possible feelings that they may be experiencing surrounding the death or loss of their friend. While this is occurring someone should be reviewing any written statements.
6. If you have had people write messages, have someone read some of the written messages about their friend. BE PREPARED, this frequently opens the flood gate for the expression of their feelings. Many of them may wish to leave the room. In our experience, young men have had difficulty expressing their feelings of sorrow and grief in a group situation. During this part of the session many people may need to leave. In school related crisis situations, we have made arrangements for students to leave during the sessions so that they may congregate in the gymnasium where they may express themselves through psychical activity. Some teachers and crisis team members remain in the Gym to assist these students.
 - In community related crisis situations a safely net of Crisis Team Members need to be prepared to leave the room and accompany the grieving person. If possible, the crisis team member can provide one-on-one grief support to these individuals. At some point after the individual has collected themselves, they may wish to return to the group session.

7. Allow people to share their feelings in small, informal groups with one of the group leaders, crisis team members and/or counsellors.
8. If the suggestion has not been made by the people attending the crisis team event, the group leader may wish to ask people if they would like to do something in their friend's memory. This is an important aspect of the session. The healing process often begins when people begin to take action.
 - Children and teenagers need to bring some kind of control to the uncontrollable event of death. By encouraging them to develop and/or create some lasting reminder of their friend, helps them to come to terms with their loss. In the past, people have created scholarships, memorials and on one occasion students asked a child's parents if they could purchase their friend's tombstone and have it engraved.
9. The Team Coordinator or designate may then wish to say a few words about the deceased and how he/she will be missed. The Team Coordinator, or designate, may also wish to provide participants with a list of support people within the community who can assist them with their feelings and reactions to the death of their friend. These people may include a local bereavement support volunteers, Eskasoni Mental Health & Social Work Service, Mi'kmaw Family and Children Services, Mi'kmaw Lodge, NADACA personnel, Guidance Counsellors, Elders, spiritual leaders, Hospitals, local schools as well as local ministers and priest.
10. Very often we conclude with a moment of silence. We also indicate to the participants that the support personnel will remain in the area for the remainder of the day and that if they feel the need they can contact these individuals.

Each of these ten items is typically utilized in Stage 4 during the active crisis management response, however, we revise the ten areas and adapt them to meet the particular needs of the crisis as well as the age of the people we are assisting.

Sample of Family/Individual Grief Crisis Sessions

This intervention is typically initiated as part of the Crisis Teams intervention and management response as outlined in Stage 4.

It is important to note that Crisis Team members should never be sent to a family home until the Crisis Team Coordinator has confirmed that the crisis exists and that the services of the Crisis Response Team are welcomed and needed by the family/families affected by the crisis. If Crisis Team members are requested, two members rather than only one should visit the home(s) of the bereaved.

All Crisis Team members need to be aware that they should not approach a family without being invited or instructed to do so by the Team Coordinator.

After confirming with the Crisis Team Coordinator, that the family has requested the services of a Crisis Team member, the team member should be aware that most families have their own individual grief patterns. Extended family and friends play an important role in the grief process and are often those whom the bereaved turn to for comfort and support, these special bonds need to be respected and fostered. Typically there is an individual within the family who plays a leadership role when making decisions for the bereaved, make sure this person is consulted, prior to any intervention.

When responding to a family/individual crisis situation Crisis Team Members should consider the following:

1. Introduce themselves and give a brief overview of these services that they can provide to family members if they desire;
2. Team member should assess the situation and consider what services they may be required to provide during the hours and days ahead so that they can anticipate the families needs. Ask questions, such as “Is there anything that I may do for you?”, “Do you have any ideas how I may be of help to you and your family?”;
3. Identify key members of the family (leaders, supporters, those having difficulty coping);
4. Provide and necessary support. Support can take on many forms from active crisis intervention counselling with individual family members to meal preparation, child care, selling mass cards, transportation, obtaining information, listening, etc.;
5. Team members need to maintain constant communication with Crisis Centre.

Debriefing

It is extremely important to define what debriefing actually is, since, in our experience, there has been some confusion.

What it is:

The formal debriefing of Crisis Team Members, which typically occurs within a week of the crisis intervention response, is usually of no more than two hours duration, during which time, no one should leave or enter the room until the debriefing is concluded. The debriefing should consist of a straightforward, business-like, discussion of each Crisis Team members role and activities during the course of the crisis intervention.

What is isn't:

A debriefing is not an opportunity for each Crisis Team member to discuss the emotional impact that the crisis and their subsequent crisis intervention had on them personally. A debriefing is not individual counselling conducted in a group format.

In the event that a Crisis Team member should find that they are having difficulty coping with the crisis and the events surrounding their crisis intervention they should contact the Crisis Response Team Coordinator, who will make the appropriate arrangements and refer the Crisis Team member to a professional counsellor for follow-up services.

Several Crisis Team members may not be assigned direct roles in a crisis intervention so that they can be utilized later on as formal debriefers. However, if the nature of the crisis necessitates that all of your crisis team members must be assigned to active crisis management, then it may become necessary to obtain formal debriefers from outside of your own community. As each Mi'kmaw community becomes trained in Crisis Management and develops their own Crisis Teams, it is hoped that an exchange of crisis and debriefing services will be available to other communities.

Persons of Special Concern

The crisis intervention team will attempt to help the population cope with the particular trauma that has taken place. However, certain individuals may require more intense or special consideration in facing the crisis situation (i.e. as in the case of death by suicide).

Those who may require special attention include:

- The particular class or peer group that the deceased individual was a member;
- Very close friends of the deceased;
- Relatives and family members;
- Any people in the community who are known to have difficulties that would seem to make them more vulnerable;
- Any person who has recently experienced the loss of a relative or close friend;
- If the crisis is a result of a suicide, special attention must be given to those who may have previously been identified as high, moderate or low risk individuals in relation to suicide; and
- Any staff members or students who seem to be having difficulty with the situation.

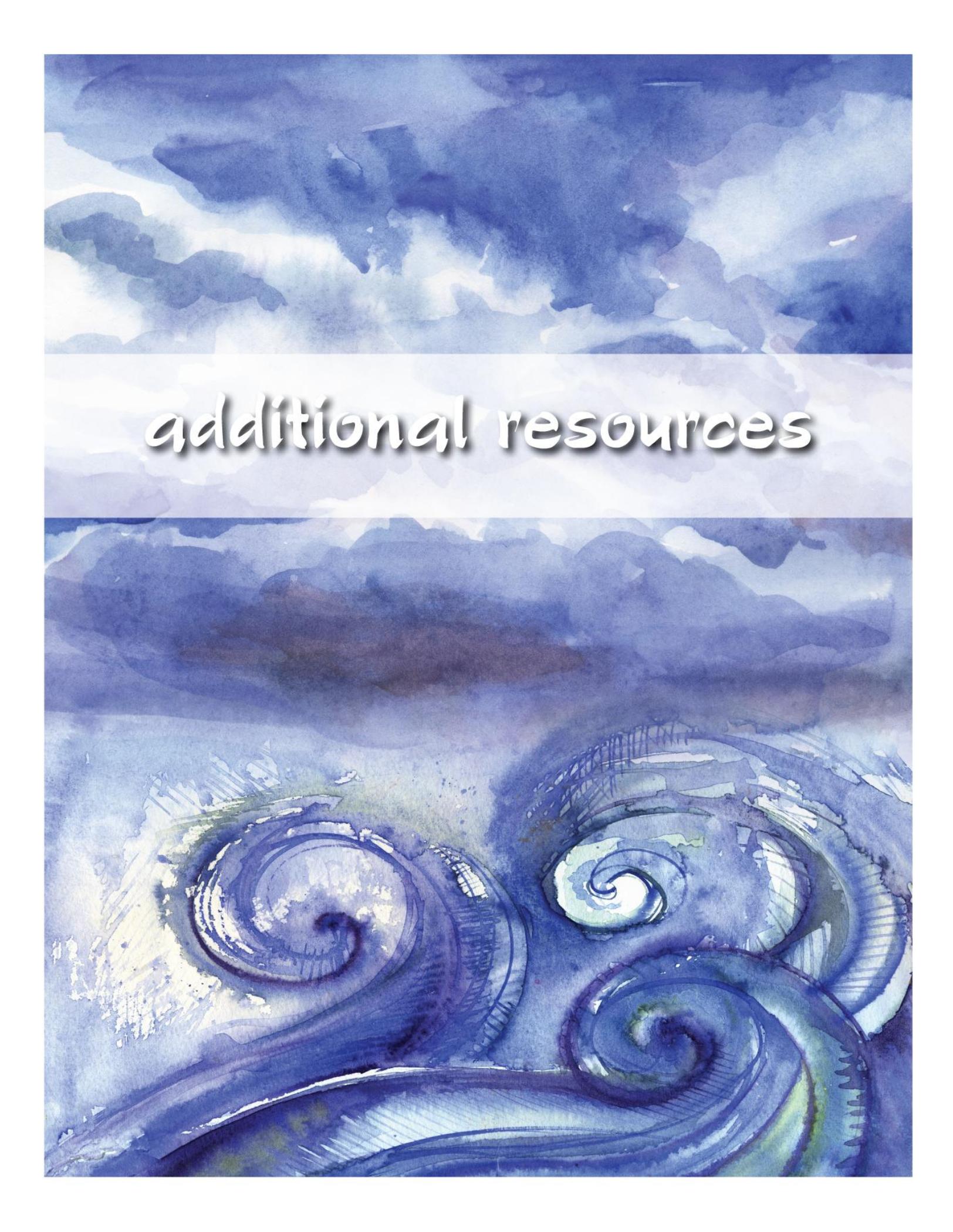
It is very important that work place supervisors be aware of follow-up anniversaries, and be sensitive to other related events or circumstances of Crisis Response Team members.

Aftercare

Work place supervisors and Traumatic Events (Crisis) Team Members would need to be aware of each others histories and life events to be in tune with each others needs and/or any previous traumatic event which could resurface by the present crisis or traumatic event.

Aftercare involves debriefing, assessment of the crisis, deciding who or what agency will provide aftercare and possible prevention and education programs that may have to be initiated within the family and/or community.

The Team Coordinators should also have a calendar of traumatic events, suicides, crisis, accidents and deaths for future reference.



additional resources

Crisis Response Team Questionnaire for New Members

Name: _____

Telephone Number: _____

Alternate Number: _____

- 1) As a new member of our crisis team, please indicate what type of training you have received?
Please explain:

- 2a) What populations would you prefer to work with? Check all that apply:

- | | | | |
|-----------------------------------|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Extended Family | <input type="checkbox"/> Peers | <input type="checkbox"/> Women |
| <input type="checkbox"/> Students | <input type="checkbox"/> Teachers | <input type="checkbox"/> Elders | <input type="checkbox"/> Men |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Staff | <input type="checkbox"/> Children | |

- 2b) Why have you selected this/these group(s)?

- 3a) Are you presently working? Yes No

- 3b) If Yes, please state the name of your workplace:

4) Do you have access to reliable transportation? Yes No

5a) If you were selected as a team member for your community, have you been given permission by your agency supervisor to work with this group? Yes No

5b) If Yes, please indicate your supervisors name, position and phone number:

6) If your employer is aware of your involvement with this crisis team, will they be granting comprehensive time (comp-time) for your while the crisis is in process? Yes No

7) If you are selected to work on this crisis team, are you aware that there are no monetary rewards for working with this team in your community? Do you accept these conditions? Yes No

8) Are there particular crisis situations that you do not think you would be able to cope with or handle? (i.e. not comfortable dealing with a suicide or death of a child) Please explain:

Please attach a copy of your resume and thank you for your interest in this beneficial community service.

As part of normal procedures, every application will be screened for:

- Police Check
- Child Abuse Registry
- Signed Oath of Confidentiality

Signature: _____ Date: _____

Oath of Confidentiality for Crisis Response Team Members

I, _____ do solemnly swear that I will keep absolutely confidential any and all knowledge and information, to which I may have access through my position on the Eskasoni Crisis Response Team. I will not, without due authority, discuss with any other person or persons either by word, letter, or other form of communication, any matter directly or indirectly related to any crisis situation that I may be called upon to work on as a member of the Crisis Response Team.

Name: _____

Sworn before me at _____ in the Province of Nova Scotia,
this _____ day of _____ 20_____.

Signed: _____

Witnessed by: _____

Community Crisis Response Team

| Coordinator: | Home | Work | Alternate |
|--------------|-------|-------|-----------|
| _____ | _____ | _____ | _____ |

| | | | |
|---------------------|-------|-------|-------|
| Second Coordinator: | _____ | _____ | _____ |
|---------------------|-------|-------|-------|

| | | | |
|-------------------------|-------|-------|-------|
| Activities Coordinator: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CRISIS TEAM MEMBERS

| | | | |
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All members on the identified list of community team members shall be contacted prior to the release of the final draft to ensure that they are still available and still wish to be a member and participation in the Crisis Intervention Team

HOME TELEPHONE NUMBERS ARE TO BE KEPT CONFIDENTIAL. The only team members who will receive home telephone numbers will be the Crisis Team Coordinator and Crisis Team Second Coordinator.

Crisis Response Checklist for Team Coordinator

High Priority Actions

- Call the family of the victim and confirm a crisis exists and ask if assistance is required.
- Clarify the circumstances of the crisis with family and/or responsible authorities.
- Contact Crisis Response Team members and arrange for back-up workers to help cover during the crisis.
- Notify various agencies and personnel, activities Coordinator and work place supervisors.
- Notify the secretaries of the agencies involved.
- Notify all other work place supervisors of the need for them to release the Crisis Response Team member from their regular duties.
- Identify Activities Coordinator to coordinate all efforts within the designated crisis response team area.
- Plan initial meeting with individuals affected by the crisis (traumatic event) and indicate the location of the meeting.
- Arrive at the designated Crisis Response Team meeting area ½ hour before intervention begins with the people affected by the crisis.
- Call local hospitals Crisis Intervention Coordinator.
- Plan crisis response strategies.

Low Priority Actions

- Identify someone to be contact person with the family.
- Notify surrounding/related schools and/or other agencies which may be affected by the crisis.
- Provide coverage/breaks for participants and Crisis Team members.
- Plan for debriefing meeting at the end of each day of the crisis traumatic event
- Plan for debriefing session for Team members (for no later than one week) following the conclusion of the crisis response.
- Aftercare

Crisis Response Checklist for Team Members

- Meet with Crisis Team Coordinator and develop an immediate response to the situation.
- Assist in gathering of factual information regarding the crisis. And communicate with Coordinator and community agencies, as required.
- On each day of the crisis the Team will meet and decide a plan of action for that day.
- Implementation of strategies developed to deal with the crisis situation (preferably within 24 to 48 hours following the event and carry out orders from Crisis Team Meeting).
- To participate in the management of the situation at the community level. By moving to designated areas and knowing the plan that the Crisis Team is following and identify “at risk” people and submit their names to the Crisis Team Coordinator.
- Facilitate group discussions with those fathered to process the traumatic event. Break into small groups if necessary.
- Undertake individual counselling as required, in an accepting and supportive, private and non-judgmental setting. Specify an area where individual attention may be given for short periods of time.
- Help to identify those persons who may be “at risk” and make arrangements for them to receive appropriate intervention. It is important to note that individual Team Members should never attempt to intervene in a Crisis situation by themselves. Nor should they attempt any intervention without first consulting with the Team Coordinator.
- Make required referrals to outside agencies for those people who demonstrate “at-risk” behaviours following a traumatic event (crisis).
- Assist in the planning and carry out a follow-up program as deemed necessary.
- Crisis Team members should attend the debriefing session, organized by the Crisis Team Coordinator, which will be held within one week following the conclusion of that particular crisis response session.
- In the event that a crisis should involve the media, the Crisis Team Coordinator or designate will carry out any and all contact with the media. The Team Coordinator or designate will also be the only one to make public announcements if required. Any and all inquires made or received by Team Members should be referred to the Team Coordinator or designate. This cuts down on any confusing reports that may be made to the media.

Things to Keep In Mind

- Give facts of crisis.
- Reassure people that all feelings are okay (these include crying, anger, etc.).
- Plan for informing absent staff, children and community members.
- Determine and plan for the developmental stage of crisis response participants. In other words, the action plan will be different if the group affected by the crisis involves children, as opposed to adults.
- Briefly, discuss different ways people deal with issues of crisis, death, grief, shock, abuse, etc. This should take approximately 15 minutes.
- Suggest activities and coping mechanisms. Such as a talking circle, one-on-one counseling, support group etc. A variety of choices are important as well as structure and coordinated effort.
- Crisis Team Members should have a scheduled meeting after people have left for the day to discuss events and the next stage in the plan of action.
- Response to media, by Crisis Team Coordinator (or designate) if applicable.
- Announcement to community and other agencies – letter (if applicable).
- Identify and follow-up of “at risk” persons.
- Determine which people are in need of immediate support (i.e., referral for individual in-depth counseling).
- Identify central area like the Health Centre, as a “time-out” place for people to drop in for coffee, informal chats or to connect with someone for individual counseling.

Concerns to Address

- Ensure siblings/relatives have support
- “Fall out” – people dealing with unrelated and unresolved issues of their own.
- “Guilt” and “unfinished business”.
- Dealing with community/individuals efforts to do something in regard to the crisis (i.e., donations, food, memorials, etc.).
- Procedures for long term follow-up which include assessments and procedures for “at-risk” people.
- Closure and care for Crisis Response Team members-need for recuperation – this is frequently emotionally draining. This stage involves care of the Crisis Team Members including a debriefing session.

Days Following the Crisis

Crisis Response Team Members continue crisis interventions as required, answer phone calls from anxious and concerned community members, meet with concerned individuals and follow-up on lists of people who showed evidence of distress or signs of not coping well.

Long-Term Things To Remember:

- Anniversaries
- Record dates of crisis.
- Remind Team Members and significant others (administration and agency personnel).
- Be aware of the “at-risk” people.
- Who spends time at the cemetery.
- Birthdays and holidays can be difficult.

Workplace/School Belongings

- Empty desk.
- Leave persons name on birthday list (?) – This is at the discretion of teacher/parent/administrator/peer group.
- Be aware of people who shared space of were friends of the deceased.
- Involve significant others in the decision making process of dispersing personal property.
- Lock workers office until staff and family members are ready to properly deal with the persons belongings.

Suicide

- Refer to the person as having killed him/herself.
- Have a plan to identify “at-risk” individuals.
- Contain the story, check validity and protect the privacy of the parents and family.
- Feelings to deal with (unfairness, selfishness, anger) try to let these come from the individuals present.
- Be proactive.
- Have help line telephone numbers available and support people/counselors that are available.
- Contact parents of “at-risk” children.
- *memorials* This is at the discretion of school personnel/agency administration in consultation with students, family, staff and other relevant individuals.

Funerals/Wake/Salite’

- Provide an opportunity for all staff who want to attend the funeral to do so (if it is possible).
- Some members of the Crisis Team will attend the funeral and grave side services to be a support in the event that Crisis Team Members are needed to play an active role.
- Encourage close family and friends to attend.
- Wake/funeral attendance by children is family decision.