



Aboriginal Suicide Critical Incidence Response Team

C o o r d i n a t o r s G a t h e r i n g

2009

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Aboriginal Suicide Critical Incidence Response Team

Introduction

The ASCIRT Approach:

Some First Nations and Aboriginal communities in British Columbia have adopted the Aboriginal Critical Incidence Response Team (ASCIRT) approach to suicide prevention and response. While the initial name for this type of approach is ASCIRT, each team has a unique name and have adapted this approach that fits their communities' needs. The teams are focused on building community capacity, mobilization, education and support.



The goal of having a response team is not to replace what already exists, but to increase knowledge, awareness, capacity, and support a community in crisis. The main objective is to have a community-based response team that will enhance primary suicide prevention efforts, and the existing community capacity to respond to community crises. The approach involves a cluster of communities or nations coming together and choosing members to participate in forming an incident response team. The members from each community obtain Band Council Resolutions (BCR) that stipulates the response team members are allowed up to 20 days during the year to be a part of the incident response team, while still maintaining their salary and job within their own community. The members from each community are then trained in mental health, the delivery of primary suicide prevention strategies, and critical incidence response to both suicide attempts and other crises within the community.

The team includes many different types of responders such as clinical, knowledge keepers, Traditional healers, and youth support to name a few. The community-based ASCIRT team is trained within culturally based protocols. The teams are also a part of a circle of outside clinicians and responders that can work in cooperation with the traditional methods to provide a holistic path to healing.

Aboriginal Suicide Critical Incidence Response Team

ASCIRT Coordinators Gathering:

The First Nations Health Council hosted the first ASCIRT Coordinators Gathering held in Kelowna in November 2008. The Gathering was in response to the ASCIRT Coordinators desire to share their knowledge, challenges and best practices of their team's approach to suicide prevention, intervention and post-vention. The Coordinator, Elder and two team members from each team participated in the two day Gathering which consisted of team building activities, self care activities, workshops and a special meeting of the Coordinators.



“Having an Elder with frontline experience at the gathering was a highlight for me.”

On June 23rd, 24th, 25th, 2009 the First Nations Health Council facilitated the second gathering of the Aboriginal Suicide Critical Incident Response Team (ASCIRT) Coordinators at the Kingfisher Oceanside Resort & Spa in Courtenay. The ASCIRT team Coordinators shared their knowledge, challenges and best practices of their team's approaches to suicide prevention, intervention and post-vention. The objectives for the three day ASCIRT gathering included:

- 1. To develop a guide for First Nation communities who may be interested in forming a Critical Incident Response Team.**
- 2. To have discussion on program evaluation and data collection and to develop a program reporting framework template.**
- 3. The Coordinators to share their knowledge, experiences and provide program updates.**

Cultural teachings and guidance was provided by Elder, Barney Williams. Self care activities and a team building exercise were incorporated to ensure the Coordinators took time to care for themselves.

Guest Speaker - Dr. Evan Adams

Dr. Evan Adams, Provincial Health Officer attended the first day of the Gathering to share information from the Province as well as information specific to youth. He spoke from the heart about the needs of our communities and in particular about what needs to happen for healthy youth development.

Mental Health & Substance Use

Planning for the next 10 years:

The province is committed to develop a ten year plan that will provide:

- **Intensive, sustained and complex care**
- **Expand outreach programs**
- **Build on the successes of brain research**
- **Ask local governments to build plans for mental health and substance use**
- **Address Transformative Change Accord – commitments to Aboriginal communities**

To ensure the greatest impact on the health and well being of individuals and communities, the government is also cognizant of issues specific to the Aboriginal communities, including the elimination of discrimination and early intervention and prevention programs.

Healthy Adolescent Development:

Our youth need information and skills, a safe and supportive environment, they need health and counseling services but just as important they need opportunities to participate.

- **Dimensions of Resilience based programming – competence, connection, character and confidence**
- **Focus on enhancing competence in young people; see youth as part of the solution**
- **Value young people**

Findings stress the importance of interpersonal resources and connections for youth, safety and absence of violence and health role-modelling in reducing problem behavior and increasing positive behavior. To promote healthy competent behavior in our youth they need family relationships, school support and community support.

To preview Dr. Evan Adams PowerPoint presentations, visit the First Nations Health Council website. www.fnhc.ca



**“Competence,
Connection,
Character and
Confidence.”**

The ASCIRT Approach - Judith Stein and Janice Mercredi

It was made clear that **ASCIRT is not a model in itself, but rather it is an approach that can become a model, if evaluated effectively.**

The big picture of ASCIRT is that it can create community empowerment; prevention and intervention; postvention; crisis response; and is about First Nations serving First Nations. The National Aboriginal Youth Suicide Prevention Strategy framework foundation for ASCIRT has four elements:

1. **Primary prevention**

Activities which focus on promoting mental health to increase resiliency and reduce risk includes things like:

Cultural competency, teachings of our spirit, Tribal Journeys, Horse Camps and on-the-land programs.

2. **Secondary Prevention**

Activities focus on supporting collaborative, community-based approaches to preventing suicide.

3. **Tertiary Prevention**

Activities focus on increasing the effectiveness of stabilizing crisis, and after-care for survivors: is crisis response for people who are already depressed and/or addicted.

4. **Knowledge Transfer** is about sharing what we have learned with each other.

Under the original ASCIRT, the three major components that are being evaluated are: ASCIRT team training (including team building); community mobilization training; and the actual crisis response.

Inter Tribal Health Authority and Okanagan Nation Crisis Response Team use three logic models that look at community capacity building; crisis response and management; and knowledge development.



The Importance of Early Data Gathering and Evaluation

Judith and Janice stressed the importance of evaluation and data gathering for critical incident responders. Establishing a baseline of data is critical so that programs can see the changes and comparisons in consecutive years. Evaluation itself is intended for the improvement of programming.

There are two ways that programs can keep track of data:

1. Quantitative data which is generally about numbers and statistics can be used by calculating averages, percentages, ranges and are often used in tables and graphs;
2. Qualitative data which are generally words. Qualitative data is more a reflection of stories told, often collected through surveys, questionnaires and/or using administrative records and reports.

Quantitative data can be kept in a number of ways. Some examples of quantitative data kept include things like the number of suicide attempts before the program was established, and then the number of attempts after team formation. People may also want to keep track of how many community members and how many team members are trained and then further perhaps, how many community members eventually become team members.

Qualitative data can include records of phone calls, recording stories told before, during and after incidents; making note of significant observations by either the administrator or the team members. The data may be analyzed by finding themes or categories. The data may be collected through observations, interviews and/or focus groups.

Specific to Evaluation, most Health Canada programs use a Logic Model approach. The logic model asks programs to list their short

term, intermediate term and long term goals. It asks organizations to list their activities and outputs in relation to their goal setting. The intent is to determine whether what is happening within the organization is meeting its goals.

Ideally, an evaluation will have fewer objectives that measure good data. Some will answer the following questions:

- **Did we do what we said we would do?**
- **What did we learn: what worked and didn't work?**
- **Is our approach sustainable?**
- **What difference did the approach make?**
- **How do we plan to use evaluation findings in the future?**

The facilitators shared a copy of a data collection form in MS Excel that can be used by administrators to keep track of their statistical data.

(This form will be available on the First Nations Health Council website – www.fnhc.ca)

Evaluation is an on-going process of systematic assessment of your program, to provide information needed for making decisions. It is action oriented, seeking to provide information that is useful for making decisions relevant to program development and improvement. Existing teams recommend gathering data for evaluation before beginning the programming. This will build a base of support that can be shared with funders and other stakeholders. It allows programs to find evidence to support their program.

The Importance of Early Data Gathering and Evaluation

Evaluation is essentially measurement and programs need to measure or compare to something, which is why it is so important to establish a baseline. Evaluation starts as soon as possible and has clear set goals that describe what you want to achieve. Evaluation is generally based on program goals.



Data gathering establishes the baseline information and then analyzes and interprets it to determine your annual program planning; improving the quality of programs and services; financial planning (and what is prioritized); resource planning; and it provides annual comparisons. It will help programs identify new opportunities and review the relevancy of the service.

When writing a report, identify what information you need to collect. (This may include ages, number of response, number of team meetings etc. for quantitative data; or program activities, stories, or challenges and successes for qualitative data.)

“Evaluation is important to Managers to provide better accountability for results from policies.”

Remember that the evaluation is important to:

- **Provide better accountability to your funders and communities**
- **To note the impact you are having**
- **Create opportunities for using more cost effective programs**
- **Create opportunities for creating culturally sound programs to achieve your objectives**

ASCIRT Coordinator Updates:

Inter Tribal Health Authority (ITHA), Nanaimo / Esther Charlie, Coordinator

The ASCIRT team at ITHA has been going through an evaluation process this past year. Experience showed that some things just were not working and needed to be changed. One of the challenges is that communities still expect that the team will do what it always used to do, that is to provide response teams when there is a crisis. (Currently there are 8 active team members of the original 20.) Unfortunately, they do not have the budget to support this activity or an active team. There is a shift from responding to training; and the development of a new work plan is planned for July. This will allow the program to clarify its goals. All team members have been contacted regarding the transition. The intent is to mandate and empower communities to mobilize themselves, as was always done before contact. “Opening the Circle” Community-based Response Team training includes:

- **Colonization,**
- **Crisis intervention,**
- **Suicide assessment;**
- **Dealing with people in rage;**
- **The impact of trauma;**
- **How to facilitate talking circles for individuals, families, and communities;**
- **A check list of what needs to happen that makes community action practical and workable.**

The possibility that the ASCIRT team will do follow up after the trainings exists. Ideally the Health Directors will be part of the planning, asking them specifically: what do you think your community needs? They are also looking at the idea of pre-workshops that get people

ready to take the training. Underlying issues behind suicide make it difficult for people on the front line as well as for chiefs and councils. People in the communities need support to prevent burnout.

A steering committee is currently looking at creating a Community-based response team, with off-reserve agencies such as VIHA, MCFD, RCMP and the hospital so that all service providers are on the same page and are speaking the same language. When First Nations front line workers call, mobilization can happen quickly from many directions. For example, if someone has been admitted into the hospital they will have support once they are released.

The Canoe Journey Life’s Journey training can help ITHA develop local programming that they can deliver to the three proposed regions. In the next year ITHA plans to create an advisory committee to bring Elders & youth together. There will a Youth life skills & suicide prevention program that will be delivered prior to Tribal Journeys, with the content conveying the message of respect for cultural diversity and honouring both the cultural groups in their catchment area. The Coordinator looks forward to being able to share the transition and what will unfold because of it.

“Helping to identify community strengths was helpful for me at this gathering.”

ASCIRT Coordinator Updates:

White Buffalo (SPIRIT)

Aboriginal Health Society and Resource Centre, Kamloops ASCIRT Supporting People In Response to Incident & Trauma / Carol Camille, Coordinator

The White Buffalo team has many established team members. They are currently setting up new terms of reference.

In the past year they fundraised in anticipation of a spiritual gathering, which was by all accounts a resounding success. 425 people attended and each day saw a minimum of 8 pipe carriers with 7 speakers at each pipe. A total of 28 people shared the floor; there were 52 one-on-one sessions; 120 people participated in a healing dance. There were sweat lodges, sunrise ceremonies and feasting. The cooks volunteered, the salmon was donated and hunters from the community stepped forward.

A significant lesson learned from this was the importance of keeping Traditional people engaged and maintaining community protocols.

Currently, White Buffalo markets its programs through pamphlets which include posters that recruit teams and posters that explain what they do. They share the front pages of workshop booklets and have links to community resources. They have a FACEBOOK site and have additional links to 'Reaching Out' and other resources for community members. They also tell people about the video "A Life Worth Living".



LIVING IS FOR EVERYONE (L.I.F.E.)

Response Team, Merritt / Lorn Shackelly, Coordinator

The current team continues to do teambuilding, develop policy and have developed a mission statement and a logo. In June 2008, the team became operational and has had 28 calls in the past year. They have developed suicide prevention workshops with Rick Campbell and delivered two-day workshops combining art therapy and traditional protocols, which included smudging.

They are in the process of developing family violence workshops for men which will be developed and facilitated by men as the majority of their calls are men over 35. The team believes that this is connected to the Residential School compensation package and, so the men on her team attended a family violence workshop to get ideas. At this time they are doing suicide prevention and intervention workshops separately for front line workers, communities, and youth.

After completing the "Canoe Journey, Life's Journey Train The Trainer," workshop Lorn is developing a one year work plan, which includes the opportunity to inform her communities, and she would like to collaborate with an organization in her region to develop a Youth Confidence Camp.

Lorn recommends that it should take up to 8 months to educate the communities about ASCIRT approaches prior to recruiting a team. The team needs to be taken out of its comfort zone for a week and then have a three week break in between training sessions because the work is so intense.

ASCIRT Coordinator Updates:

Lorn points out challenges including:

- **Interviewing potential community members.**
- **Obtaining Chief and Council commitment,**
- **Organizational commitment**
- **L.I.F.E. simply could not follow MCFD's expectation of 28 team members where half the team is made up of professionals and half are committed community members who have no formal social work or other professional education.**
- **Volunteer departure (at this point only four of the original twelve are still on board) is because it was not what they thought it would be and some found their other work got in the way.**
- **At this time there is no money to fund for more recruits. If money did come available, Lorn would want more team members to hold social work degrees.**

Having chief and council now showing interest, having leadership i.e. Chiefs or Executive Directors join the team is unrealistic due to their other time commitments.

STO:LO NATION

Tamara Fritzsche, Coordinator

At Sto:lo Tamara notes that they developed their approach based on Dr. John McKnight's book "Building a Community from the Inside Out." McKnight is clear that community development should not start from what the community lacks, but rather a skills inventory and using an asset approach.

The focus for the Sto:lo approach is to go to each community and ask them to identify their current skills. They would then supplement what the community is already providing. They find that the team is always welcomed

and they want to develop community capacity.

Her challenges include:

- **Life and they just have to work around it.**
- **In training their own people, it is real that crisis' don't just happen from 8-4.**
- **Sto:lo has three funders and three reporting structures and not all reports require the same thing.**
- **Jurisdictional issues - There is a sense that politics should never get in the way of the health of the people. It is clear that ASCIRT is for all of the Fraser Valley.**

Tamara is clear that people have to talk to each other, and therefore they work towards finding common ground and specifically the tenet is that Sto:lo takes care of Sto:lo and so communities can look after themselves or bring someone in. It's their choice.

ASCIRT is currently doing public awareness and education and asking people 'what do you want ASCIRT to be?' They are gathering information from Mental Health and Addictions, and other ASCIRT teams. They have been hosting Wellness nights in the

ASCIRT Coordinator Updates:

villages and are in the process of developing a website. Ideally, each community will have their own page, and they too note Facebook because it is what the younger generation does.

Sto:lo has just put a call out for the development of an advisory council, open to anyone who is interested, so if they get 100 people showing interest, nobody is going to be turned away. They hope to match aptitude to the large variety of roles needed from cooks to drivers to critical incident teams. Volunteer packages are being developed for team members and trainers. Volunteers will come with references from chief and councils or Aboriginal organizations



At this time, Sto:lo is wanting trainers to volunteer because of funding issues. They also want to reach out to other ASCIRT teams and trade skills.

Finally they wish to mention three Mental Health videos that were done in partnership with the Fraser Valley Health Authority. One addresses Schizophrenia, BiPolar Disorder and Clinical Depression while the other is on Post Partum Depression and depression after the loss of a child. The third video is by youth about youth and is soon to be released. It is essentially an early psychosis intervention programs with youth 18-30 who have gone through a specific program... and their families. With all three of the videos, participants in the filming are open to travelling with the video to discuss the experience.



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