FIRST DEFENSE
Facilitators Guide
Stand-Down Week 2018

FIRST RESPONDER SUICIDE AWARENESS & PREVENTION

FALLEN FIRST RESPONDER AWARENESS MONTH

A Program of the Texas LODD Task Force

www.makeitpurple.org

INTRODUCTION

We are a community in crisis. First responders are exposed to crisis situations every day. Sometimes these responses become a personal crisis for the first responder. The Texas LODD Task Force recognizes and acknowledges the tremendous sacrifice that first responders and their loved ones make to serve their communities and we realize that sometimes that being willing to sacrifice so much comes at a cost. This cost is the crisis of a balanced and whole feeling of well-being. Chronic stress, lack of sleep, continued exposure to trauma, and stigmas can lead to a first responder feeling depressed, fatigued, and sometimes traumatized.

A first responder's first contact with trauma, crime, and death can be a defining moment in his or her life. Even with all of the training that law enforcement, firefighters, EMS personnel and dispatchers go through, sometimes we are inadequately prepared for the natural psychological reactions that are common following repeat exposure to the worst of humanity.

The goal of the First Defense facilitator guide is to allow first responders to share their response experiences, their natural emotional, physical, and psychological reactions, challenge stigma beliefs about behavioral health problems, and encourage those who may be struggling with post traumatic stress (PTS) to seek help. It is our goal to have first responders encourage other first responders and leaders to help their own in crisis. We encouraged them to help the first responder in crisis make first contact with a helping professional who can offer an array of services and support in the prevention, early detection, and treatment for behavioral health issues. We commend such agencies, their leaders, and their peers for talking openly about PTS, depression, and suicide. Having an open dialogue is a critical first step in reducing the stigma often associated with depression, anxiety, compassion fatigue, suicidal ideation, and other distress.

The target audience for First Defense discussion groups are law enforcement officers, firefighters, EMS personnel, and dispatchers. To be most effective, this training should be conducted in small groups and preferably within their own shifts and station houses. It is very important that facilitators involve all participants in the discussion. Trainers should allow participants to express their opinions without judging or rejecting them.

Looking Ahead

"If you want to show me that you really love me, don't say that you would die for me, instead stay alive for me." - Unknown

Each individual that makes up your agency is a sacred human being that is loved by others, whether that be co-workers, friends, or family. It is our duty to ensure that they are given the training and the tools to make it back home to their loved ones. While we can't lessen the exposure to the trauma and crime that they respond to, we can help lessen the impact. It starts with a conversation and the First Defense Facilitators Guide is a way for you to start that conversation.

FACILITATOR STRATEGIES

Your job as a facilitator of this training is to help the group have a productive discussion that meets all of the terminal objectives. It is not to lecture. The facilitator's job is to make the group look good, not to make the facilitator look good. As an effective facilitator, you will leave participants feeling like a team and having learned from one another.

Some of the best things a facilitator can do:

- Explain the purpose and importance of the training.
- Speak in simple, direct language.
- Create an open and trusting atmosphere.
- Let participants know that everyone is expected to speak up.
- Treat all participants with respect.
- Listen to all comments, validate those that are good, correct misinformation, and keep the discussion on track.
- Probe gently for comments from those who aren't speaking up.
- Remain flexible.

Some of the worst things a facilitator can do:

- Let discussions ramble without proper closure.
- Talk too much.
- Let misinformation go uncorrected.
- Get lost in ‘war’ stories
- Be insensitive to cultural diversity issues.
- Allow one or more people to dominate the conversation.
- Lose sight of the objectives or control of the discussion.

Training Objectives

The purpose of the First Defense training is to provide information that will assist first responders, officers, command staff, and others in their effort to reduce stigma and encourage help-seeking behavior.

The Discussion & Training Objectives are:

- To understand and discuss post traumatic stress (PTS) and post traumatic stress disorder (PTSD).
- To understand and discuss suicide warning signs.
- To discuss suicide prevention.
- To understand a Leader’s role in reducing the stigma associated with needing or seeking behavioral health care.
- To encourage self-referrals for professional help.
- To understand PTS resources and how and when to use them.

TOPIC FOR DISCUSSION:

Post Traumatic Stress (PTS)

Post Traumatic Stress Disorder (PTSD)

Objective

To understand and discuss post traumatic stress (PTS) and PTSD.

- Identify physical, behavioral, and emotional signs and symptoms.
- Describe factors that affect post traumatic stress.
- Discuss effective actions of leadership that help rather than hurt first responders with post traumatic stress.

Introduce the Topic

It’s not uncommon for people who survive significant traumatic events to experience short-term stress reactions. These post traumatic stress reactions range from sleep difficulties, feeling detached, being edgy/irritable, feeling jumpy, and experience nightmares. For the majority of people these reactions subside rapidly (in a matter of days) as the danger/threat passes. On the street, first responders describe common adaptive stress reactions often labeled as operational stress behaviors that are natural survival responses to the threat of danger. Fighting fire, engaging with combative citizens, and giving life-saving treatment requires multiple skills for success to include being on-guard, engaged with the surroundings, maintaining emotional control and being disciplined. Therefore, it’s not uncommon for first responders to experience changes in their emotional and psychological health when they are off the clock. The same skills that were employed to be successful on the streets require some minor adjustments when engaging in day-to-day routines at home. First responders often describe feeling edgy, being irritable, difficulty sleeping and nightmares after a difficult response. Knowing and understanding this will help you feel more in control and reduce concerns that you are suffering from more severe PTS called post traumatic stress disorder (PTSD).

NOTE:

- Re-adjustment after being on shift and dealing with particularly difficult responses can fluctuate. How long varies by individual.
- It is likely first responders experiencing extreme PTS symptoms will not seek help.
- Frontline leaders are the experts on the behavior and behavioral changes in your crew. If something seems different, say something
- Not everyone develops PTSD. In fact, only a small minority of first responders will go on to develop PTSD. However, early intervention has been shown to reduce the impact of PTS from developing into PTSD.

"The world is a better place with you in it."

PTS Symptoms

- Restlessness or Feeling On-Edge
- Irritability and Intense Anger
- Guilt
- Insomnia and Difficulty Sleeping
- Nightmares Headaches
- Depression
- Feeling Detached or Emotionally Numb

Discussion Questions

Encourage participants to join the discussion by asking:
- How would you describe post traumatic stress reactions?
- What are some ways people show signs and symptoms of post traumatic stress?
- Why is it important to learn to recognize the signs and symptoms of post traumatic stress? - Why do all leaders need to use compassion and empathy in communicating care and concern?
- What can Leaders do to help reduce stigma and break down barriers to care?
- What are things you can do to assist someone who is struggling with post traumatic stress?

Facilitator's Notes: This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises.

Positive Factors that Affect PTS

- Social Connection and Positive Relationships
- Spirituality and Hope
- Physical Fitness
- Emotional Well-being

Negative Factors that Affect

* PTS Alcohol or Drug Use
- Social Withdrawal and Isolation
- Depression ϖ Insomnia and Difficulty Sleeping
- Guilt/Anger

Post Traumatic Growth and Resiliency: How do people deal with difficult events that change their lives? The death of a loved one, loss of a job, and serious illness are all examples of very challenging life experiences. Many people initially react to such circumstances with a flood of strong emotions and a sense of uncertainty. Yet people generally adapt well over time to life-changing situations and stressful conditions. What enables them to do so? Post Traumatic Growth is a by-product of resiliency that is characterized by emotional and social growth following traumatic experiences. Learning from personal experiences, re-establishing life priorities and purposefulness following traumatic exposure can help build resiliency. Using stressful life events as opportunities to learn will facilitate post traumatic growth.

Close Discussion: Research continues to show that agencies with strong leadership, high cohesion, and good morale have been shown to be more resilient.

TOPIC FOR DISCUSSION:

Burnout

Compassion Fatigue

Objective

To understand and discuss burnout and compassion fatigue. To understand the differences between the two.

- Identify signs and symptoms.
- Describe factors that induce burnout and compassion fatigue.
- Discuss effective techniques to handle alleviate burnout and compassion fatigue.

Introduce the Topic

For first responder agencies, balancing mission with rules, regulations, and fiscal realities means facing demands to deliver higher quality care and services to more people in their communities at lower cost for the cities and communities they work for. In the struggle to provide quality, and compassionate services in a climate that offers fewer resources and, at the same time, being ever watched and scrutinized by the public, leaders can underestimate the strain on their frontline men and women. But losing sight of burnout and compassion fatigue – which is a type of burnout – puts both the first responder and the community they serve at risk.

NOTE:

Individuals involved in the direct care of hurting and traumatized individuals, put into harm's way on a regular basis, and are exposed to suffering and negativity on a daily basis are at an increased risk for burnout and compassion fatigue. First Responders face increasing demands in the workplace, sometimes with decreased resources, while at home they juggle family life, personal interests and often care for their own children and their aging parents as well.

" You don't need a holistic cure, you need a holistic lifestyle. Look after yourself every day, not just when you're sick. Look after yourself in every way, mind, body, and soul."
― Akiroq Brost

Burnout Symptoms Include

- Anger & frustration
- Fatigue
- Negative reactions towards others
- Cynicism
- Negativity
- Withdrawal
- Physical complaints
- Psychological problems
- Cognitive issues
- Relational disturbances

Discussion Questions

Encourage participants to join the discussion by asking:
- How would you describe burnout?
- What do you think compassion fatigue means?
- Have you ever felt fatigued from caring for citizens whether on an ambulance doing patient care or as a law enforcement officer dealing with the family fall-out of a habitual drug user?
- Do you feel like the first responder community talks about these two issues?
- Do you know what self-care is?

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Compassion Fatigue Symptoms:

- Sadness & grief
- Nightmares
- Avoidance
- Addiction
- Somatic complaints
- Increased psychological arousal
- Changes in beliefs, expectations, assumptions
- Witness guilt
- Detachment
- Decreased intimacy
- Physical complaints
- Psychological distress
- Cognitive shifts
- Relational disturbances

<u>What's the Difference?</u> Compassion Fatigue is a term that refers to a gradual lessening of compassion over time. It is common among individuals that work directly with victims of trauma. Do you remember when you first started serving in the industry? Maybe you felt, excited, exhilarated, and enjoyed interaction with the citizens that you serve. And then, after several years, or after repeated exposure to trauma or to combative individuals you find it hard to feel compassion or care for them? That is compassion fatigue.

Burnout is a psychological term for the experience of long-term exhaustion and diminished interest. When an individual is chronically stressed out; sleep deprived, and in constant need of rest, they can become burned out. We experience stress when we don't have the appropriate resources to deal with the demands placed upon us, and if left unchecked, can turn into something more sinister. Burnout is a more serious situation that tends to creep up without our awareness that it's happening.

Those who have a strong drive for success, a passion for their work, or set perfectionist standards for themselves are the most susceptible and hardest hit. Couple that with a lack of attention to self-care and you can soon find yourself without the energy or interest to keep up the pace or to care for the individuals you have been called to serve. If left unchecked, burnout and compassion fatigue can become a serious mental health issue that may lead to feelings of hopelessness and suicidal thoughts.

<u>How to Get Help</u> They key to avoiding burnout and compassion fatigue is to develop a self-care action plan that includes scheduled time for rest and relaxation where you don't 'talk shop.' Taking regular breaks in our schedule to take care of ourselves is the number one prevention tool for burnout.

Reducing our workload and the demands placed upon can be tough, but if you start to present with physical symptoms such as chronic respiratory infections, lethargy, headaches, and dizziness, it's time to address your stress. If you don't attend to the physical symptoms, you will be inviting more serious health issues down the road. Saying "no" more often, taking time outs, getting enough sleep, and practicing meditation or relaxation techniques are great ways to reverse this nasty effect of burnout.

By being in a state of burnout and compassion fatigue, the experience of such chronic stress can lead to depression, anxiety, sadness, and anger. The key to working through these emotional reactions is by taking the time out of our busy schedule to seek emotional support through peer support, chaplaincy care, or through a clinician. Discussing and bringing to the surface these difficult emotions with a trained individual allows us to process those feelings and to deal with them head on. Although it may be uncomfortable in the short term, it may help to prevent further burnout long term.

<u>For Leaders:</u> Compassion fatigue was often triggered by situations in which first responders:

- Believed that their actions would “not make a difference” or “never seemed to be enough”
- Experienced problems with the system (high response loads, little or no backup, high acuity, overtime and extra workdays)
- Had personal issues, such as inexperience or inadequate energy
- Identified with the individuals that the first responder cared for

To offset and reduce the risk of burnout and compassion fatigue in staff members, organizations and leadership can:

- Create an open environment where first responders have a venue for mutual support
- Encourage first responders in training meetings, briefings, or other meeting times and with to talk with their officers and leaders about how they are affected by their work
- Offer training that educates first responders about burnout and compassion fatigue and how to recognize the symptoms
- Make time for social interaction among the agency as a whole and/or shifts, and station houses. Social events can build cohesion and trust
- Encourage healthy self-care habits such as good nutrition, sleep, using vacation, and exercise. Offer training on self-care and life balance as a way to build resilience to stress
- Reward effort

<u>Close Discussion:</u> Individuals in a caregiving role, such as firefighters, law enforcement officers, and EMS personnel, need to be able to deliver service excellence without compromising their wellbeing. It is important for them and for their agencies to recognize early warning signs of burnout and compassion fatigue. It is also essential that individuals in all levels of the first responder professions, from leadership to rank-and-file, engage in self-care practices, learn to modulate their responses to the stresses around them, be aware of destructive attitudes and reach out for help.

TOPIC FOR DISCUSSION:

Reducing the Stigma and Fear of Getting Help

Objective

To understand a Leader's role in reducing the stigma associated with needing or seeking behavioral health care. To encourage self-referrals for professional help.

- Define stigma.
- Discuss participants' attitudes about stigma.
- Discuss leadership's attitude about stigma.
- Describe the ways that the first responder services has sought to reduce stigma.
- Discuss examples of people who have sought behavioral health counseling.

Introduce the Topic

Let's talk about reducing stigma and the fear of getting help. Stigma is defined by Webster's as "a mark of shame or discredit." With the right help, most people can resolve problems with depression, stress, and anger and get on with their lives.

"There's a tendency in this country, and I would say not only the military, but civilians too, to shun those who have some kind of behavioral health issue. That's probably been the biggest leadership challenge that I've had in my current job: Changing a culture to accept that the hidden wounds of war are just as serious as the ones people see." Vice Chief of Staff Gen. Peter W. Chiarelli while speaking to high school leaders at the Bank of America Student Leadership Conference July 12, 2011.

NOTE:

If you need help getting the discussion started, feel free to use this quote:

"Individuals may not seek help because they believe that their problems or behavioral health issues should remain a secret. Reasons for this may include shame and embarrassment, fear that their careers are affected, concern that personal issues are exposed, belief that seeking help is a sign of weakness, and a feeling of helplessness and hopelessness."

What Leaders Can Do:

These are some things that can help create a climate of trust in units. These ideas may arise in the discussion; if they don't, facilitators should feel free to suggest them.

- Walk around every day to see how things are going.
- Don't just talk about work; ask about each first responders' personal lives.
- Create an agency climate that does not allow hazing or stigmatizing others.
- Foster a climate of trust and support.
- Establish, publicize, and enforce a no-tolerance policy for belittling, shaming, hazing, or otherwise humiliating those who need or seek help.
- Encourage the mentoring system, fostering a sense of active concern and support for each other.

Discussion Questions

Encourage participants to join the discussion by asking:

- What is stigma, and why does it sometimes keep first responders from seeking help?
- What type of leader behaviors can help to overcome stigma and encourage self-referral among first responders?
-Do you think stigma is one reason that some first responders do not talk to their families about their mental health struggles?
- What are some of the things leaders can do to help their first responders feel comfortable seeking help?
- Do you feel that the first responder community as a whole has been seeking ways to reduce the stigma that has been associated with seeking behavioral health care? What are some of the things you know are being done?

Facilitator's Notes: This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises.

Leaders are the solution to the problem of stigma. Leaders must set the right example - not only encourage their employees/volunteers to get help but make sure they get the help and that they have the time and resources to strengthen them and build their resilience. Just like when working on the streets, lives depend upon the standards leaders set and the decisions they make.

E. Close Discussion:

- Psychological and behavioral responses from cumulative traumatic exposure are normal, adaptive responses and generally decrease or even cease when first responders learn coping mechanisms, and seek help.
- Persistent psychological reactions to traumatic exposures, also known as post traumatic stress should be the first alert for first responders to get help.
- There is no shame or discrimination for getting help for psychological problems. We continue to recognize that the earlier a first responder gets help the greater likelihood they will make a full and rapid recovery from psychological distress.
- We must all continue to work on reducing the stigma associated with getting help so that every first responder feels comfortable asking for help. Seeking help is not a sign of weakness. It takes courage and in fact is a sign of strength.

TOPIC FOR DISCUSSION:

Suicide Awareness & Prevention

Objective

To discuss awareness of suicide in the first responders services and prevention methods.

- Discuss suicide rates in the first responder services.
- Discuss ways to recognize an individual struggling with suicidal thoughts.
- Discuss suicide prevention methods.

Introduce the Topic

Read this quote and ask for participants thoughts.

A recent study found that more firefighters and police officers died by suicide in 2017 than all line-of-duty deaths combined.

USA Today reported that 103 firefighters and 140 police officers died by suicide in 2017, compared to 93 firefighter and 129 officer line-of-duty deaths, according to the Ruderman Family Foundation, a philanthropic organization that fights for the rights of people with disabilities.

NOTE:

For conversations to have an impact on behavior change, they should focus on development of knowledge and skills rather than just discussing the extent of the problem. This means discussing the sorts of things that build resilience in individuals and communities, discussing the factors that may lead to suicidal thinking and specifically addressing misinformation about suicide.

DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

- The suicide rate is climbing in the first responder community. What do you think the reason for this is? What risk factors are involved?
- What does the new study findings say about the size of the suicide problem within the law enforcement, fire, and EMS services?
- Why do you think suicide is difficult to talk about?
- Does getting psychological help or treatment have a stigma associated with it? If so, why do you think getting help to deal with suicidal feelings has a stigma?
- How can peers and leaders support someone who is struggling with suicidal thoughts?
- Do you now the signs of someone who is contemplating suicide?

About Language

Avoid judgemental or sensationalist language about suicide.

- While it is most important to use words and language that engages the audience you are talking to, certain words can negatively impact on people bereaved by suicide or people vulnerable to suicidal thinking.

- It is most important to consider the words you use when talking to groups of people where it is harder to monitor their reactions to the information or their understanding of it. Sometimes language can be misinterpreted especially across different cultural groups. Make sure you understand the cultural aspects of language before attempting to discuss suicide in a particular setting.

- Certain ways of talking about suicide can alienate members of the community or inadvertently contribute to suicide being presented as a glamorous, ideal or common option for dealing with problems.

- It is best to avoid judgemental phrases or language which glamorizes or sensationalizes suicide, as well as language that exaggerates suicide rates or trends.

Do Say	Don't Say	Why
'non-fatal' or 'made an attempt on his/her life'	'unsuccessful suicide'	So as to not normalize or glamorize a suicide attempt
'took their own life' or 'ended their own life'	'successful suicide'	So as to not present suicide as a desired outcome
'died by suicide' or 'deaths by suicide'	'committed' or 'commit suicide'	So as to avoid the association between suicide and 'crime' or 'sin'
'concerning rates of suicide' or 'number of deaths'	'suicide epidemic'	To avoid sensationalism and inaccuracy

E. Warning Signs:

Discuss these warning signs. To start the conversation, feel free to read the following paragraphs and then the warning signs:

People who are thinking of killing themselves are ambivalent, or torn between two options. They are suffering and in tremendous pain, and suicide may seem like the only solution or relief. However, at the same time they may have people or things they care about, values tying them to life, or they may fear death. As they struggle with this decision to live or to die, the part of them that wants to live may begin hinting that they need help.

INTENTIONAL CUES

Intentional cues may be extremely clear (such as mentioning suicide directly), or more ambiguous. The clarity of the cues doesn't affect how serious they are, each warrants the same care and concern.

- Talk about Killing Themselves:This might seem obvious, but is often ignored or dismissed as not being serious. Someone directly confessing that they are thinking of suicide is a strong suggestion that they are at risk.
- Very Low Self Esteem:
- People feeling suicidal express being a burden, feeling worthless, having shame, overwhelming guilt, self-hatred, "everyone would be better off without me".

- No Hope for the Future: People feeling suicidal often say that things will never get better and that nothing will ever change.
- Talking About Dying: People who are suicidal often talk about death a lot. This could also come out in art, journaling or other ways of expression.
- Saying Goodbye:
- People who are suicidal often say good-bye in strange ways. They might talk in terms of “not seeing me around anymore” or “no one would notice if I never came back.” They are hinting in the hopes that someone will stop them.
- Tying Up Loose Ends: Suicidal people may give away personal possessions, make arrangements for the care of children or pets, make wills, or other acts as if they are preparing to end their life. Doing this openly without a reasonable cause may mean they’re trying to communicate thoughts of suicide.

UNINTENTIONAL CUES

If someone feels that life isn’t worth living anymore, these thoughts usually have some impact on behavior. Many people will do everything in their power to conceal that they’re thinking of suicide, and the correlation between changed behavior and suicidal thoughts is only clear in hindsight.

- Lack of Sleep:Physical cues of exhaustion such as slouched posture, bags under eyes, and delayed reactions all suggest that someone is emotionally unwell, especially if this is a shift from a person’s baseline.
- Drug and Alcohol Use: Sometimes people try to self-medicate their painful feelings through substance use. A sudden shift in increased substance use may suggest that someone is dealing with remarkable pain, and also increases impulsivity.
- Sudden Isolation: People who are considering suicide may suddenly isolate themselves from friends and family. When no one investigates, it can reinforce the idea that no one cares.
- Any Sudden Changes in Behavior: Ultimately, the best barometer for risk of suicide is someone who knows the person very well noticing any significant changes in behavior. In some cases people who are suicidal become increasingly energetic and less weighted by anxiety because they feel relieved by the option of suicide. If you find yourself thinking “This is unlike the person I care about”, it’s worth pointing out the changes in behavior and asking about suicide.

E. Prevention

Discuss prevention strategies. Training on suicide prevention strategies can take hours and sometimes days. Don't be discouraged though if your training only permits an hour or two. Talking about some basic crisis mitigation techniques could very well end up saving a life. This discussion is to help plant the seed of awareness.

It may feel like your job as a co-worker is to come up with the perfect pearls of wisdom to shift someone's perspective about life. Or you may feel the need to build up their self-esteem to make them see how great they really are. Unfortunately, this often digs the person-at-risk deeper into their distress.

Instead, use the following listening techniques:

- **Validate:** Tell them that their feelings make sense, that it's okay to feel the way they do. Many people fear this will encourage feelings of suicidality. Instead it encourages communication and connection, which decrease suicidal thoughts.
- **Ask Open-Ended Questions:** Being curious at the person-at-risk shows they are valuable, that their opinions and perspectives matter. It will also help you understand where they're coming from.
- **Paraphrase:** As the person-at-risk is explaining their circumstances, paraphrase to clarify what they're saying. It demonstrates that you're listening intently, and will allow them to evaluate if what they're saying is what they want to be saying.

FIVE STEPS TO HELP SUICIDAL CO-WORKERS

- Let the person talk.- In most cases, talking is good. If the suicidal person is talking out their problems, they are not harming themselves. Listen without judgment and do not try to make the suicidal person feel guilty. Suicide happens when there is too much pain for someone to tolerate. Think of the people you would turn to if you were in a crisis and act as you would want them to act.
- Reduce Isolation- Depressed and suicidal people often feel very alone and isolated. Hang out with friends or family members feeling depressed or alone, even when you feel too busy. It helps them. They may help you someday.
- Supervise.- Usually, suicide is a solitary act. People tend to do it when they are alone. Sometime just having people stay with a suicidal person for hours to days, until the crisis passes, can make all the difference. Sometimes family members or groups of friends take shifts to assure 24 hour supervision. Also it reinforces to the person that someone truly cares.
- Contract- Contract (i.e., make a verbal agreement) with the person to contact help whenever they feel in crisis and before they make an act of harm. That helping person could be you, a crisis hotline, or their counselor. Contracting to contact more than one person is better, because a single caregiver might not be always available. Also honor your end of the contract. If you tell a person in crisis that you will call tomorrow, call the person!
- Get Help- Work with your loved one to get help. There are many clinicians and organizations that can help a person in crisis. Keeping hotlines and contact information for these clinicians and organizations on your phone will ensure that you have that information should an emergency arise.

E. Final Discussion Questions

- How can our organization make this an environment where an individual feels safe asking for help?

- What do we need to do to ensure that we are looking after our brothers’ and sisters’ well-being?

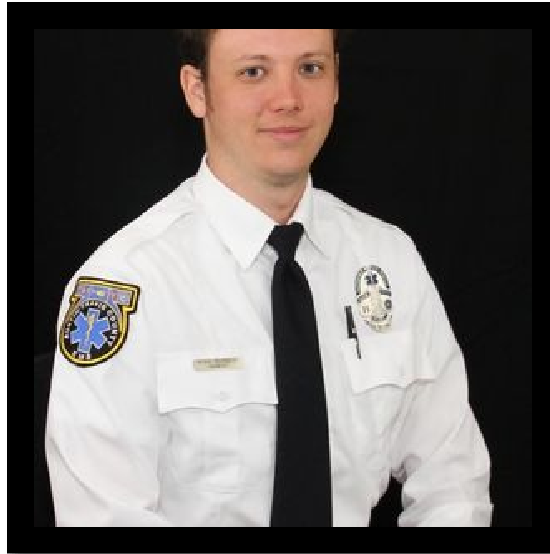
- Do we feel prepared to handle a brother or sister in crisis? If no, how do we better prepare ourselves?

CONCLUSION	**Conclude the training by saying:** • In the training today we have discussed these objectives: (Review the Terminal Objectives) • Thank you for your participation and for the valuable information and input that you have provided that helps us meet these objectives. • Does anyone have any additional questions about the material we have covered? • Answer or address any remaining questions. • Dismiss the participants.

Encourage people to seek help

- If speaking to a group, let the audience know that it is okay to reach out for help and encourage discussion with people they trust, such as family, friends, co-workers, peer team members, chaplains, or professional services.
- Provide clear and relevant options for seeking help for suicidal ideation- including details for 24/7 crisis counselling services. Think about your audience and adapt your recommendations. For example, in a workplace you may recommend a doctor, the Employee Assistance Program and a range of telephone and online counselling and support services specifically for the type of service (law enforcement, fire service, EMS, dispatchers).
- If talking to first responders in a rural community, consider local options such as their doctor, local health services available to them or national telephone or online counselling services.
- Hand out additional materials from our Stand-Down 2018 Suicide Awareness and Prevention Week (www.makeitpurple.org) or other materials from reputable sources.

In Memory & Honor



Stand Down Week 2018 is dedicated to the memory of Paramedic Ryan Burger who died due to suicide in 2015. Ryan dedicated his life to helping others through his work as a Paramedic for Austin/Travis County EMS. Ryan worked at Rural Metro Ambulance in San Diego for 5 years as an EMT/Paramedic before moving to Austin in 2010. Ryan was loved by his family and fiance, Stephanie Cunningham, as well as co-workers, and friends. Ryan was a dedicated professional that cared deeply for his patients. We honor Ryan's dedication, passion, and sacrifice for his service to his fellow co-workers and the community he served.

His Life Mattered

Stand Down Week Is Part Of
The Fallen First Responder Awareness Month
A Program Of The Texas LODD Task Force
www.makeitpurple.org