



Strathcona County Traumatic Event Systems (TES)

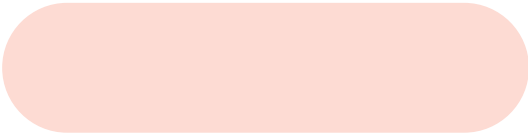
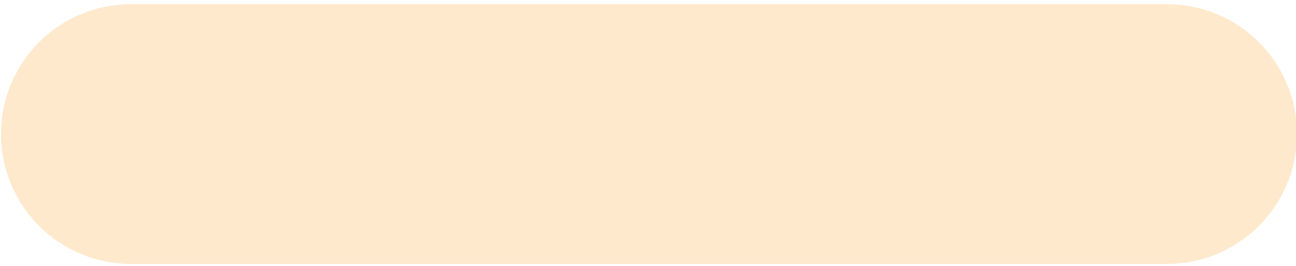
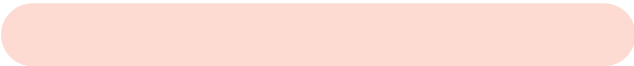
**A shared commitment to respond to and prevent
ongoing trauma in Strathcona County**

2022 • Attachment A



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Traumatic Event Systems Response (TES)

TES Purpose

As an element of the *Violence, Trauma and Suicide Prevention (VTSP) Protocol*, the purpose of this TES is to support organizations to respond to high-profile traumatic events in the community through a safe, open, coordinated and collaborative approach. The goal of this work is to address the impact of trauma on human systems and reduce the anxiety of the system to prevent further violence and trauma.

When to use TES

Developed from the work of the North American Center for Threat Assessment and Trauma Response (NACTATR), the plan provides procedural guidelines to help community organizations understand the emotional response involved in a traumatic event. Coping skills can be strengthened when proper guidance is provided. Protocol members/partners can support the emotional healing and resiliency of the community through the critical periods following a tragic event.

The plan provides guidance in response to a traumatic event that involves one or more of the following:

- an impact and ripple effect that extends beyond a single organization
- an integrally connected community member with community influence/impact
- multiple individuals who are connected to multiple sectors
- one or multiple young people who attend school in Strathcona County
- high-profile violence, including violence where weapons are used or violence that is displayed via social media
- the potential for individuals to mimic the behaviour involved in the event
- occurrence in a public space
- wide media coverage, including social media
- an emergency or crisis of major proportion which affects all community members (e.g. terrorism, natural disaster, etc.)

TES involves cooperation with community agencies and organizations. These guidelines provide direction in defining the roles for all participating members. TES offers a framework to develop a plan to address traumatic community events in an attempt to meet the emotional needs of all involved and reduce further impact to community.

It is important to note that each situation is unique and the response should be tailored to address the specific needs in each scenario.

Participation

Under the *VTSP Protocol*, membership is comprised of core members, community partners and ad hoc members. Core members uphold the responsibility to activate TES or other areas of VTSP as necessary. When an event occurs that may meet the criteria of activation, the VTSP Lead Organization will be contacted and will support the bringing together of core members and community partners as appropriate to the type and nature of the event. At minimum, core members will be involved in information gathering to ensure informed determination of next steps.

Based on the specifics of the event and in pursuit of the identified outcomes, the members and necessary partners will be formally activated and called to respond. Ad hoc organizations can participate in the protocol as needed. The participating protocol members will determine, on a consensus basis, if any ad hoc individuals or organizations need to be involved.

All protocol members and partners will take actions seen as necessary to ensure risk reduction, regardless of the involvement or availability of other protocol members/partners. Participation and engagement in TES activations are dependent on the specifics of each situation.

Once participation in the activation is established, key roles should be assigned.

Non-Members, Visitors and Guests

Non-members, visitors and guests are those who do not have membership in the *VTSP Protocol*. These contributors, likely considered ad hoc members, can attend a protocol meeting if a member indicates that it would be beneficial, and they are able to assist the team with services within their mandate. Organizations bringing non-members, visitors or guests should inform the table in advance, when possible. The appropriate form, Ad Hoc Member Nondisclosure Agreement (Appendix 10 in the *VTSP Protocol* document) should be completed.

TES Activation

The following steps should be followed when activating TES:

- When an event occurs, consider the event and the ripple effects on the community against the criteria outlined in TES.
- Should the event meet activation criteria, the originating organization will contact the VTSP Lead Organization.
- *VTSP Protocol* members and partners will convene as arranged by the VTSP Lead Organization and begin evaluating the situation and developing and executing a response. Appendix 2: TES Documentation provides a guiding structure for the elements of TES and includes signals to:
 - » Consider the impact zones and high-risk groups
 - » Consider the critical periods and the roles of different organizations at different stages
- Activated protocol member and partner organizations will participate in the response in the appropriate role.
- As the situation evolves, consider the appropriate time to withdraw organizations from active participation in the community response. Likewise, consider other organizations that may offer benefit to response.

It is important to note while the above activation may appear linear and simple, activation and response will always be shaped by the situation and the needs arising. These steps are intended to provide a flexible framework to guide leaders.

It is also important to note that the activation of TES in no way replaces the emergency or crisis response to any event or situation. This activation and its developed response may be parallel to and following an event and acknowledges the need for life preservation and physical safety as paramount in the initial response to an event.

Roles and Responsibilities

VTSP Lead Organization

This organization is the first point of contact for the originating organization and will:

- Support in initiating information gathering if not already complete
- Work with the originating organization to determine the level of response required and identify appropriate community partners to respond
- Activate all core members and identified community partners in pursuit of the protocol outcomes as necessary
- Manage and coordinate the function, documentation and communication of the activation

While the VTSP Lead Organization is identified within the *VTSP Protocol*, the type or nature of a traumatic event may require another core member to fill this role. The requirements of this role remain consistent despite any change in the organization that will uphold them.

Originating Organization

This term refers to a core member or community partner organization that notifies the VTSP Lead Organization of a situation potentially requiring a response and will:

- Provide information on the event and/or client as part of the information gathering and in advance of meeting with the broader membership
- Come prepared to provide and receive information on the situation and actively participate

Protocol Partner Organizations

All signed members and partners of VTSP are Protocol Partner Organizations and they will:

- Participate in all protocols, as they are called
- Be accountable for information flow to and from their own respective organizations and sectors
- Commit to sharing any and all information that will support the effective and immediate response to trauma in the community

- Be accountable to one another for their actions, participation level and contributions to the VTSP work and to the collaborative interventions that result from the group's deliberations
- Engage in collaborative problem solving and promote innovative solutions
- Help determine what information will be released to the media
- Promote the application of the *VTSP Protocol* and any developed response(s) in their respective organizations
- Remain engaged to review interventions and work collaboratively to determine appropriate next steps as situations evolve

Administration/Note Taking

This role is filled by a representative from the VTSP Lead Organization. They are responsible to:

- Assist with administrative duties, including meeting note taking and tracking information as necessary
- Assist with creating, completing and updating of documents, files and systems to help the protocol run smoothly; including but not limited to terms of reference, training documents and other forms as needed
- Provide summary of intervention to the Protocol Partner Organizations, including lessons learned, in a secure manner
- Liaise with fellow protocol members/partners to provide updates and information as required
- Ensure the storage of all confidential information in a secure location

Other Roles – As needed

- Interviewer(s) to conduct interviews with the individuals and families surrounding an event or situation
- Analyst(s) to analyse data and report back to protocol partner organizations
- Should other roles be identified throughout an activation, the activated partners/members will come to consensus on role definition and related assigned responsibilities

Crisis and Traumatic Events

Trauma-Informed Participation and Leadership

Partners and members of the *VTSP Protocol* should participate from a trauma-informed perspective. This includes:

- Sharing brief and accurate information with all staff and all participating protocol partners
- Reminding the leaders and staff of partner and member organizations that they are part of the team, supporting the community during traumatic occurrences; they can support this work by:
 - » Modelling calmness
 - » Following routines
 - » Helping to identify at-risk individuals
 - » Sharing factual information with staff and colleagues and providing publicly available information to questions to the best of their knowledge
 - » Participating from a strength-based, trauma-informed perspective
- Leadership notifying their staff, who are either directly impacted or supporting those impacted, about the traumatic occurrence;
- Staff should be given the opportunity to learn about traumatic occurrences in the safety of their own home or space when possible and with the time to experience their own emotions before providing leadership or support within the organization. If this is not possible, then a staff meeting should occur at some point in the day.

Critical Periods

Critical periods are predictable time frames for increased symptom development in individuals and systems. These periods should be identified and addressed through the support of protocol members/partners. Multidisciplinary teams should understand and intervene in all periods of the community's response to trauma. The natural response to trauma is often intensified and extended by media coverage. Likewise, delayed responses can also be intensified and extended for as long as the media is reporting on compassionate supports. Families and entire communities may be caught off guard by emotions they believed they would not have to experience.

Critical Period 1:

- **Two weeks post-incident** from any high-profile, violent trauma
- This period could be extended if there is excessive media/social media coverage.

Critical Period 2:

- **The month prior to many major breaks** or holidays (e.g. winter holidays, spring break, summer holidays, etc.)

Critical Period 3:

- **Anniversary reactions** to past high-profile traumas that may occur anywhere within the impact zone (e.g. community, province, etc.) as well as local anniversary reactions at the location of the original event

Critical Period 4:

- When a **current high-profile, traumatic event within the community or elsewhere in the impact zone has elements that are similar to a past trauma** the community experienced
- The similarities between past and current traumas may rekindle old symptoms and generate a new critical period for that site.

Critical Period 5:

- A critical period which is **unique to the traumatic history of system**
- For example, if a community has experienced suicides year after year in the same month, that month would become a critical period for that community.

Impact Zones

Ground Zero:

- The system where the trauma occurs (e.g. community centre, high school)
- During a traumatic event, multiple systems are traumatized

Impact Zone:

- The geographical area that experiences significant emotional and behavioural changes in response to the trauma at ground zero

Secondary Trauma Sites:

- Systems within the impact zone that have an immediate trauma response to the traumatic event, so that emotionally and behaviourally, they are functioning similar to what's occurring at ground zero

High-Risk Groups

These are groups that should be considered when assessing who may require a response or intervention from the protocol team.

- Anyone whose senses were activated by the traumatic stimuli (e.g. witnesses)
- Immediate family members
- Relatives
- Close friends
- Partner/boyfriend/girlfriend/spouse
- Ex-partners/boyfriends/girlfriends/spouses
- Colleagues/classmates
- Colleagues/classmates with active mental health concerns
- Colleagues/classmates who have unresolved abuse/trauma
- Colleagues/classmates with a significant emotional tie to the deceased, positive or negative
- Anyone who may feel responsible

The high-risk groups listed above should remain a prioritized focus in development of a community response under TES. It is also important to note that other and sometimes less obvious groups may also be affected and potentially need to be planned for in the response. Partners are reminded of the principle of entitlement and that perception of impact may not be consistent with the experience in the community. The development of a response should include intentional check-ins to evaluate if/how the response is meeting desired outcomes and if it is sufficient.

Communicating with the Media

When a case draws, or has the potential to draw, high-profile media attention, formal communication should be collaborative between the protocol members and partners. The release of information should take into consideration those statutes guiding the release of information.¹ Additionally, timing and content of the release must take into account any police investigations so as not to jeopardize the investigation or the safety of any individuals. Any communication that does take place with the media should model calmness and leadership.

Communication with the media should be managed and centralized through the VTSP Communications Subcommittee and the VTSP Lead Organization.

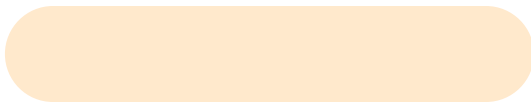
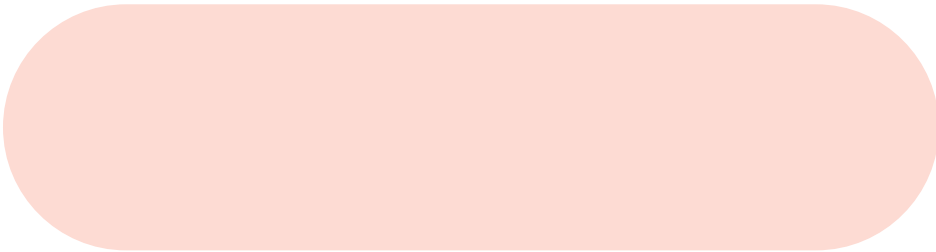
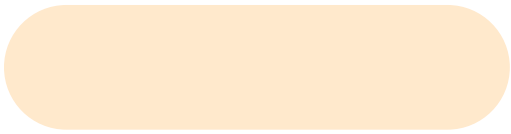
Caution: Media coverage can amplify the impacts of a situation. It can increase unpredictability of the effects of trauma by increasing the number of people impacted by the event, continually exposing the masses to the traumatic stimuli and rekindling past trauma for others. Communicating through the media in a trauma-informed manner is important. *Whenever possible, individuals participating in the response should not consume media coverage until the response is over.*



1. Note that FOIP authorizes (requires) the disclosure of information as per section:

32(1) Whether or not a request for access is made, the head of a public body must, without delay, disclose to the public, to an affected group of people, to any person or to an applicant

(a) information about a risk of significant harm to the environment or to the health or safety of the public, of the affected group of people, of the person or of the applicant, or
(b) information the disclosure of which is, for any other reason, clearly in the public interest.







Elk Island Violence Threat Risk Assessment (VTRA)

**A shared commitment to respond to threats and
prevent violence in the Elk Island region**

2022 • Attachment B



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Violence, Trauma and Suicide Prevention (VTSP) Protocol

The work of VTRA falls within the Strathcona County *VTSP Protocol* and upholds the foundational elements of this protocol, including but not limited to its guiding principles, vision, mission, outcomes and information sharing and documentation practices as outlined in the *VTSP Protocol* document.

It is also recognized that the Elk Island VTRA is developed to support VTRA response for organizations and communities that fall outside of the geographical region of Strathcona County but inclusive of the Elk Island school divisions. VTRA members and partners that sign the commitment to participate in the Elk Island VTRA do so with this understanding. Those that sign the *VTSP Protocol* inherently commit to VTRA by way of the overarching protocol.

Any references made in the context of the Elk Island VTRA to the work of the *VTSP Protocol* should be considered for applicability in geographical regions beyond Strathcona County and when appropriate, replaced with like-work practices. When considering documentation and privacy, minimum thresholds as outlined by specific and applicable privacy legislation will be upheld by any VTRA partner, regardless of geographical region.

Elk Island Violence Threat Risk Assessment (VTRA)

As an element of the *Violence, Trauma and Suicide Prevention (VTSP) Protocol*, the purpose of VTRA is to promote a common language and understanding of threat assessment, make use of the expertise of community partners and encourage a multidisciplinary approach to violence prevention. Trained VTRA teams work from the perspective that serious violence is an evolutionary process and therefore no one just snaps. Pre-incident data is often available to help identify and prevent serious violence.

The role of the VTRA team is to determine why there was an increase or change in the baseline behaviour and whether the individual poses a risk to self or others. The process of data collection and assessment is not modified other than to ensure the appropriate interviewing strategies are used for individuals with diverse needs.

The development of this protocol provides guidance for community-based VTRA activations and is intended to be inclusive of school-based activations. Acknowledging there are some VTRA considerations unique to school settings, appendices to this protocol provide school-specific guidance that may not be applicable to community-based activations.

This protocol is founded on the work of the North American Center for Threat Assessment and Trauma Response (NACTATR) and as such, reflects research and evidence-based practices from the fields of medical and mental health, law enforcement, threat management and more. Additionally, much of this protocol is adapted from the original Elk Island VTRA Protocol (2017) and acknowledges the work and learning that influenced its development both by present partners as well as the previous VTRA Steering Committee.

VTRA Team Membership

As specified in the *VTSP Protocol*, activation requires core members to be called together to evaluate risk based on information at hand and to determine next steps. This would most commonly involve:

- RCMP, represented by a VTRA-trained member
- School division (one or both school divisions)
- Strathcona County Family and Community Services
- Alberta Health Services

An informed VTRA response is supported by having appropriate and sufficient membership to best gather information and assess risk. Core members will work together to identify other community partners or individuals whose participation is likely beneficial to the desired outcome. This may include school administrators, counselling members, Children's Services, Family and Community Services, Alberta Health Services and/or other community agencies that hold relevant expertise.

When to Activate

Any partner agency can activate VTRA at any time. Sometimes it's difficult to determine whether or not to activate a formal VTRA process. The following guidelines are intended to help members/partners decide if a formal VTRA is needed. It's important to carefully consider each individual incident to ensure the most appropriate response. It is also significant to ensure that information gathering is thorough and involves core members of VTSP to support in making informed decisions.

High-risk behaviours are those behaviours that cause concern for members of the community and may indicate that an individual is moving towards the risk of serious violent behaviour. Formal categories for immediate VTRA activation include, but are not limited to:

- serious violence or violence with the intent to harm or kill another person
- verbal or written threats to seriously harm or kill others or cause significant property damage (clear, direct, plausible)
- internet, website and social media threats to seriously harm others
- possession of weapons—including replicas
- bomb threats—making and detonating explosive devices
- fire setting
- sexual intimidation or assault
- extreme cases of bullying and harassment
- gang-related intimidation and violence
- rehearsal behaviours or evidence of planning
- hate incidents motivated by factors such as race, culture, religion or sexual diversity

In many situations there are also lesser yet still worrisome behaviours present that should not be ignored. These include but are not limited to:

- writing stories, journal entries and blog posts that contain violent content
- social media messaging
- drawing pictures of a violent nature
- making vague threatening statements
- unusual interest in fire
- significant change in anti-social behaviours—a change in baseline

In situations with worrisome behaviours, VTRA activation may not initially be warranted, however, these warning signs should not be ignored. In many cases, gathering information provided by members/partners provides a more holistic picture that may warrant following up on these behaviours to implement adequate early intervention measures. There are also situations where the worrisome behaviour, in context of other data, can develop a very different picture that evolves quickly to require VTRA activation.

Suicide as a Consideration

Pursuant to the information outlined in *Attachment C: Suicide Prevention and Response*, there are instances where the risk of suicide should be considered in the context of VTRA. Evidence of fluidity, suicide pact, conspiracy of two or more, or multiple suicides in quick succession in a community would warrant VTRA activation.

Immediate Risk Situations

When immediate risk to safety is identified, call 911 and implement applicable lockdown procedures immediately. Examples of this may include lethal weapons, dangerous person inside or on periphery of the building or active shooter scenarios. These are emergency situations requiring immediate police intervention and protection. The Stage 1 VTRA (the threat and risk assessment) should not be initiated until the situation is stabilized.

VTRA Activation and Stages

Effective VTRA Approach

VTRA is not intended to be a disciplinary or punitive measure. VTRA activations are for the purpose of understanding and evaluating risk to prevent harmful and/or violent acts.

Activations should be based on concerning behaviour(s) and do not hold prejudice or bias towards individuals involved. VTRA-trained professionals have a responsibility to activate VTRA when appropriate.

Protocol members/partners participating in VTRA will recognize the need to approach the situation and individuals involved in a way that is respectful, strength-based and trauma-informed while balancing the need for a timely response to the potential of violence.

Where possible, the VTRA Lead should be intentional in structuring traumatically informed meetings/conversations that consider physical set-up, tone, flow and participation.

VTRA and Criminal Charges

In the instances of violence or criminal threats, the RCMP member assigned to the VTRA team has the first call to determine if charges will be laid. If charges are laid and/or a police investigation is being conducted, it doesn't prevent the remaining VTRA members from continuing with data collection relative to the threat assessment. Good communication between the police and VTRA team is important to ensure any investigation is not compromised.

VTRA Response Flow Chart

Worrisome, high-risk and/or threatening behaviour identified by Site-Specific VTRA Team

Site-Specific VTRA Screening

Team partners along with VTSP protocol partners (as appropriate) investigate immediate facts

Information is **substantiated** and VTRA intervention is deemed appropriate

Information is **unsubstantiated** or other intervention (outside VTRA) is more appropriate

Decision: Continue

Decision: Not Continue

Activate STAGE 1 VTRA

VTRA leads are contacted and the Stage 1 team completes the data collection and VTRA report

Consider community impact and need to notify VTSP Lead Organization

Individual response by community organizations as identified; follow consent practices as per organization's requirements.

STAGE 1 Intervention Plan Development and Implementation

Put into action risk-reducing interventions. Consider if it's appropriate to continue to STAGE 2 or if a STAGE 1 VTRA is satisfactory

Decision: Continue to STAGE 2 VTRA

Decision: Continue directly to follow up

Activate Stage 2 VTRA Multidisciplinary Risk Assessment

It is important to maintain current Stage 1 interventions until Stage 2 intervention plan is developed

Notify VTSP Lead Organization of STAGE 2 activation and coordinate lead if/as needed.

STAGE 2 Longer Term Multidisciplinary Intervention Plan is developed and implemented

30-Day Follow Up

Continue to monitor, evaluate and revise the intervention plan as needed.

Stage 1 VTRA

The Stage 1 process is managed by the originating organization. Typically, the VTRA Lead from the originating organization will lead the VTRA process, supported by the VTRA-trained RCMP member and other agency team members (see Appendix 1: Stage 1 Report Form, for a step-by-step guide on the VTRA process for both community and school-based activations). The VTSP Lead Organization can also support this function if needed.

Stage 1 VTRA tasks include:

1. Conduct data collection and analysis
2. Determine immediate risk-reducing interventions
3. Triage the remaining Stage 1 risk enhancers
4. Develop Stage 1 data-driven intervention plan
5. Decide if Stage 2 VTRA is required

The primary purpose of Stage 1 VTRA is to:

- Determine if the threat maker poses a risk to the target being threatened
- Determine if the threat maker poses a risk of violence in general—overall level of risk; and
- Plan immediate interventions for any risk enhancers identified

A Community Trauma Lens

When determining the risk that a threat maker poses, the VTRA team should also consider the sustained or potential traumatic impact to the greater community as part of the *VTSP Protocol*. Should further consideration or action be required because of the community impact, the VTRA Lead should contact the VTSP Lead Organization to inform of the VTRA situation and related concerns for the “community as client.” This important step allows the VTRA team to remain focused on the intervention to prevent violence and allows the VTSP Lead Organization to coordinate a TES response, should this step be deemed appropriate.

Mitigating Risk

It is essential to determine if the threat maker has immediate access to the means to carry out a threat such as a knife or gun. Sometimes, there is evidence of planning or weapons in the threat maker’s personal spaces, such as their car, bedroom, etc.

Prior to engaging in a search of the threat maker's spaces, the following questions must be asked and answered given Section 8 of the Charter of Rights and Freedom (right to secure against unreasonable search and seizure).

- Is there enough proof to justify the search?
- Is the search reasonable?
- Is the search carried out in a reasonable manner?

RCMP involvement and warrant may be required if there are not indicators of urgent risk. The RCMP will determine if there is a relevant history of weapons possession, use or violence.

- In cases of students, the school owns the locker dynamic and how it must be attended to in each incident—the school administration searches the student's locker, backpack, desk, cell phone and car.
- The RCMP owns the bedroom dynamic and will take the lead to determine the level of search required. It's important to examine the individual's bedroom and any other personal spaces such as the individual's internet history.
- Agency and organizations are owners of their property (vs. personal property e.g. purse).

Gathering Additional Information¹

Once assembled, the initial VTRA response team needs to determine a plan of action including identifying sources of data and delegating roles—for example; interviewing, background checks and notifying family.

Immediate data may be obtained from multiple sources including interviews and hard data. Interviewees and data sources should include:

- the person(s) who has raised the concern;
- potential target(s) or victim(s);
- witnesses;
- in cases of students – teachers and other school staff as applicable such as educational assistants, family-school liaison worker, bus driver and coach;
- peers;
- work colleagues;
- partner agency background checks including RCMP, mental health agencies, Children's Services, Family and Community Services;
- diaries and notebooks; and
- internet history.

1. At this stage, the VTRA Lead is responsible for the secure record storage and protected information sharing.

Interviewing the Threat Maker

When possible, interview the threat maker(s) of concern after the initial data is collected. Interview the person who reported the threat, interview potential targets or witnesses and complete background checks with RCMP and relevant partners. These will provide the interviewers with the comprehensive data needed to develop case-specific hypotheses and verbatim questions that can be asked in a strategic VTRA interview of the threat maker(s).

No more than two people should be present when interviewing the threat maker—one of whom must be a clinician or counselling team member. It is important to consider and explore all relevant aspects of the threat maker's life.

Determining Level of Risk

Following data collection, the VTRA team should come back together to collate data and discuss all relevant information regarding the threat.

Using the information gathered, engage in discussions to determine the level of risk. As a team, ask the following questions:

- What extent does the individual pose a threat to community safety?
- Does the individual pose a threat to him/herself, someone else (e.g. a family member) or the community?

RISK TO SAFETY IS MINIMAL:

Available information suggests the person is unlikely to carry out the threat or become violent. NOTE: Categorization of low risk doesn't imply no risk. Rather, it indicates the individual is at little risk for violence and monitoring the concern is appropriate.

- The threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible, lacks detail or lacks realism.
- The threat is within the general range for typical baseline behaviour for the threat maker.

MEDIUM LEVEL OF CONCERN:

The threat could be carried out, although it may not appear entirely realistic. Violent action is possible.

- Threat is more plausible and concrete than a low-level threat. The threat maker is deemed to be at an elevated risk for violence.
- Wording in the threat and information gathered suggests some thought has been given to how the threat will be carried out—for example, a possible place and time.
- There is no clear evidence of planning such as weapon seeking. However, there are reasons to believe the threat is not empty because of verbal remarks or reported history.
- There are moderate or lingering concerns about the individual's potential to act violently.
- There is an increase in baseline behaviour.

HIGH LEVEL OF CONCERN:

There appears to be imminent and serious danger to the safety of others.

- The threat is specific and plausible. There is an identified target and the individual has the capacity to act out the threat.
- Information suggests concrete steps were taken towards acting out the threat. For example, the individual has acquired a weapon, practiced on a weapon or has had the victim under surveillance.
- Information suggests strong concern about the individual's potential to act violently.
- There is a significant increase in baseline behaviour.

Determining Next Steps

With the input of the VTRA team members, decide on a course of action including identifying the risk-reducing interventions that need to be put into place.

LOW TO MEDIUM LEVEL OF CONCERN:

- Create an intervention plan.
- The individual can likely be managed within the agency/school with appropriate monitoring and collaborative-based interventions.
- Contact the VTSP Lead Organization to advise of the outcome of the Stage 1 VTRA.

MEDIUM TO HIGH LEVEL OF CONCERN:

- A Stage 2 VTRA is needed.
- It's necessary to involve the relevant community partners in a multidisciplinary meeting.
- Implement any needed interventions to support the individual until the Stage 2 VTRA meeting takes place.
- Advise VTSP Lead Organization of elevation to Stage 2 VTRA if VTSP Lead Organization is not already aware or involved; VTRA Lead and VTSP Lead Organization work collaboratively to coordinate management moving forward.



Stage 2 VTRA

The focus for Stage 2 VTRA is a comprehensive risk evaluation and intervention planning by a multidisciplinary team. Members of various partner agencies will collaborate to gain a deeper understanding of the individual. The goal is to create a comprehensive intervention plan.

Preparing for a Stage 2 VTRA

- Review the individual's record and the information gathered by the initial VTRA response team.
- Consider any family concerns or legal flags that may be present such as consent, guardianship and/or pending criminal charges.
- If parents or guardians are involved:
 1. Explain the Stage 2 VTRA process indicating the goal is to create an intervention plan to support the person/student, family and school.
 2. Invite them to attend the multidisciplinary meeting.
 3. Ask if there are additional professional or family supports they would like to have at the meeting such as extended family, a private therapist or someone else. These individuals are required to sign confidentiality agreements.²
- Determine additional VTRA team members required for the Stage 2 meeting.
 - » If appropriate, additional members of the community may be added such as a family physician, private therapist, a community agency or another support person.
- Book a date and location for the Stage 2 meeting and ensure all participants are aware.
- Share any necessary VTRA-related documents with protocol partners, which should be reviewed prior to the meeting.

2. The confidentiality agreement template can be found in the VTSP Protocol document.

Stage 2 VTRA Meeting: A Step-By-Step Guide

- The VTRA Lead or VTSP Lead Organization chairs the Stage 2 VTRA meeting.
- Stage 2 planning and intervention documents are in Appendix 3.
- Begin with a welcome and introductions, with the chair noting attendees or circulating attendance sheet.
- Indicate the purpose of the meeting is “to gain a deeper understanding of the individual and the circumstances relating to the incident to create a comprehensive intervention plan that will support the individual, family and community.”
- Explain how open conversation provides the best information and understanding. Indicate the team is seeking multiple perspectives on the individual and many questions will be asked about home and/or school (if applicable).
- Assign the lead professional or agency for each risk enhancer identified to collectively address all areas of concerns identified during the Stage 2 VTRA.
- After the intervention plan is identified, review the level of risk and determine, as a group, whether the identified interventions are sufficient.
- Determine who will follow up with the family and agencies regarding the implementation of supports and monitor if interventions are successful.

Intervention Follow-up Meeting

- The VTRA Lead or VTSP Lead Organization is responsible for scheduling a brief follow-up meeting within four to eight weeks of the Stage 2 VTRA meeting.
- The purpose of the follow-up meeting is to review the intervention plan, reassess the level of risk and determine whether additional supports are needed.
- If necessary, make a plan for future follow-up meetings.

Supporting Those Who May Be Impacted

Crisis and Trauma Management

The VTSP Lead Organization and site-specific leads are responsible for ensuring any possible victims of the threat/event are identified and services are provided as necessary.

The circumstances of the threat/event will dictate how far reaching the intervention needs to be. The VTSP Lead Organization, in consultation with the site lead, should determine if crisis counselling or trauma follow up is needed to re-establish calm.

Additionally, consideration must again be given to any ripple effect or impact to the community or groups not directly connected to the situation at hand. Understanding that individuals are entitled to be as impacted by the transpiring events as they express they are, a broader response to acknowledge and mitigate trauma may be required.

The VTSP Protocol and specifically TES can guide the response to any impacts of trauma in the community.







Strathcona County Suicide Prevention and Response (SPR)

**A shared commitment to respond to and
prevent suicide in Strathcona County**

2022 • Attachment C



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Introduction

Purpose of Suicide Prevention and Response (SPR)

Suicide is a leading cause of death in Alberta; however, suicide prevention is about more than preventing deaths. Suicide prevention is about supporting healthy, safe and connected lives for individuals and communities.

In some cases, suicide has a broad sweeping impact because of the profile of the individual or the manner in which it is carried out. The response to one or multiple suicides should be considered, in part, based on the evaluation of impact. Not all suicides will require activation of the community-level response. This in no way detracts from the sadness of the event. Suicide Prevention and Response (SPR) is required in order to conduct an appropriate and thoughtful response and to support the community in a trauma-informed manner. The information learned from suicide instances, as reported by *Violence, Trauma and Suicide Prevention (VTSP) Protocol* members/partners, may prove critical in understanding and evaluating the health and well-being of our community and signal other necessary actions.

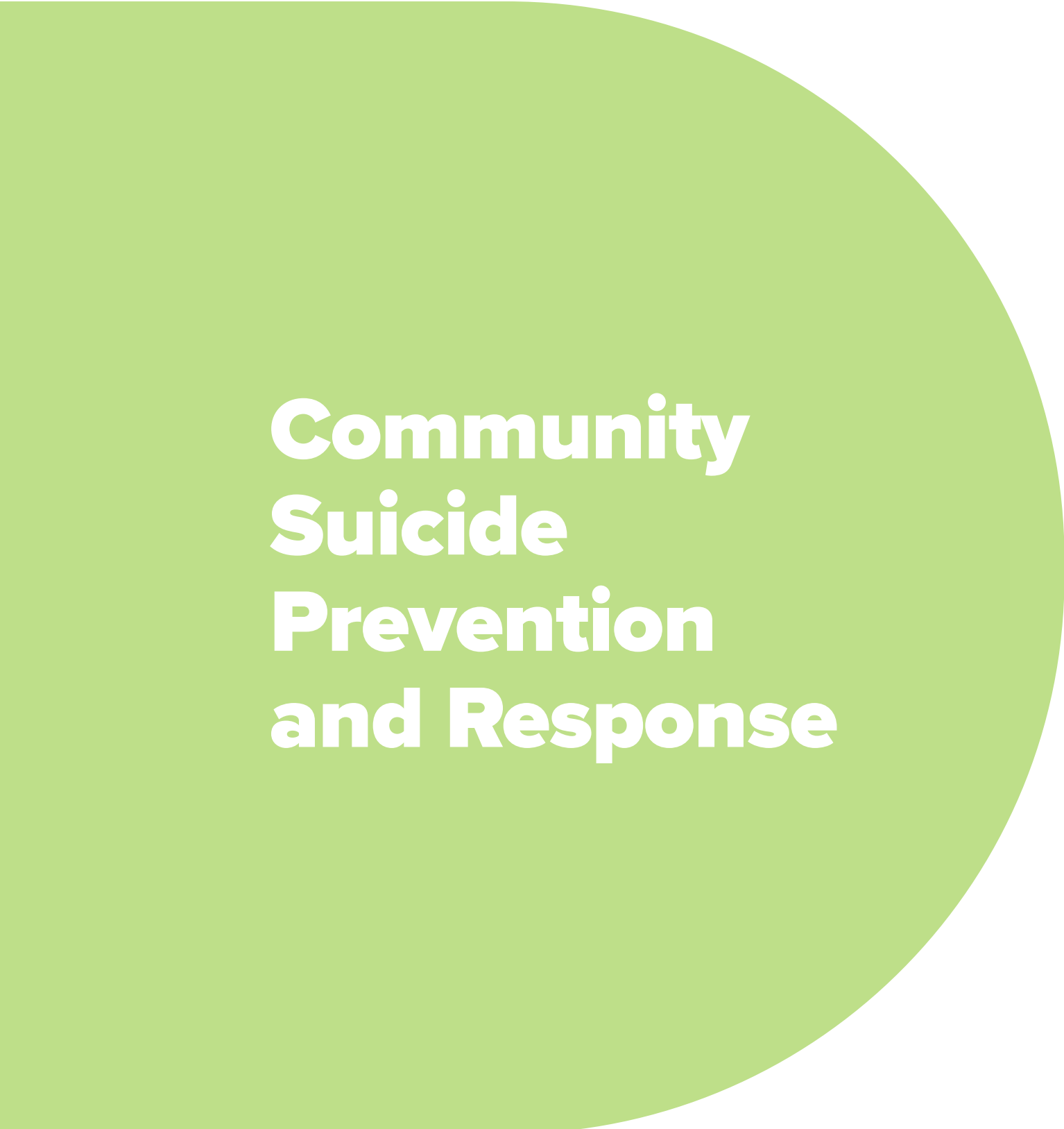
The purpose of this document is to support the community and VTSP members/partners in preventing and responding to suicides in Strathcona County to reduce further violence and trauma.

Document Structure

This document is intended to provide guidance on suicide prevention and response at the community and individual level.

The “Community Suicide Prevention and Response” section describes the types of events that have an impact on the broader community and warrant activation of the *VTSP Protocol*.

The subsequent sections, “Understanding Suicide and Suicidal Risks” and “Individual Suicide Prevention and Response” provide a basic suicide response guideline to organizations who do not have existing guidelines in place.



Community Suicide Prevention and Response

When to Respond on a Community Level

When site-specific professionals are dealing with a situation where an individual is of concern because of suicidal ideation they should follow their existing protocols for suicide risk assessment. For organizations without existing protocols, the section titled “Individual Suicide Prevention and Response” offers steps to take to support individuals of concern.

SPR is a specific consideration in the *VTSP Protocol* due to its connection with homicide and/or its potential contagion effect in the community. Therefore, this protocol should be activated in cases where one or more suicides are likely to have a ripple effect or large impact on the community. Some examples of this include, but are not limited to:

- fluidity of an individual — i.e. movement between homicidal and suicidal domains
- suicide pact
- conspiracy of two or more — i.e. bullying or coercion into suicide
- multiple suicides in quick succession in a community
- suicide act or glorification by an individual with widespread influence — (e.g. social media influencer)

SPR is also outlined as a specific consideration because incidents of suicide or suicide attempts may seem isolated and do not meet criteria of an activated response; however, when this information is reviewed in community context and alongside observations and experiences from other *VTSP* partners/members, concerning patterns may be uncovered and warrant further exploration. As such, member/partner organizations are not only expected to deal with a suicide event (to the best of their ability, which in some cases may mean an active referral or warm hand-off) but are also required to identify such situations as a member of the *VTSP Protocol* to allow for earlier recognition of potential risk.

Activating Suicide Prevention & Response

Activation may be initiated based on suicides in Strathcona County or in connection to suicide attempts or patterns of concern that emerge. It is important to note that immediate priority and attention must be paid to interventions, as appropriate, to reduce the risk of harm or death. As such, it may be necessary to reach out to or involve RCMP or other emergency supports prior to activation.

The following steps should be taken when activating the SPR:

- Consider the event, the related risks to individual(s) and the ripple effects or impacts on the community.
- Contact the VTSP Lead Organization and determine the level of response required.
 - » Consider the risk for harm to self or others, including access to weapons and the potential for coercion.
 - » Consider the impact zones and high-risk groups.
 - » Consider the critical periods and the roles of different organizations at different stages.
- If warranted, based upon the situation at hand and information available, the originating organization and VTSP Lead Organizations will proceed in one or more of the following ways:
 - » Follow the steps outlined in *Attachment A: Traumatic Event Systems Protocol* and participate in the appropriate role as set out during activation.
 - » Follow the steps outlined in *Attachment B: Elk Island Violence Threat Risk Assessment* and participate in the appropriate role as set out during activation.
 - » VTSP Lead Organization will call together relevant *VTSP Protocol* members/ partners to explore the situation at hand and any other contextual information that may guide response.

Note: Any situation that warrants initial activation requires further consideration. At minimum, the core members will come together to share, as appropriate, information related to the situation at hand thereby confirming the need for any further activated response. In situations where an activated response is determined to be unnecessary, individual organizations will continue work to support those impacted as appropriate to the situation.

Responses modelled after VTRA would most often be the case especially if there was concern about conspiracy of two or more or if a suicide pact had been uncovered. As previously stated, immediate priority should be focused on interventions, as appropriate, to reduce risk of harm or death. A reasonable next priority would be to consider the larger traumatic impact to community and develop a response plan suitable to the need. These two response plans may be developed and coordinated somewhat simultaneously dependent on the nature of the circumstance and the resources available.

A Continued Conversation

As part of the regular meetings of the *VTSP Protocol*, members and partners will maintain and share awareness of suicide-related trends, observations and instances. In light of the violence-trauma continuum and what we understand about human behaviour and coping with traumas, bringing together this valuable information is a harm reduction strategy.



Understanding Suicide and Suicidal Risks

Individuals at Risk

Seniors

While being one of the largest generational cohorts in Canada, the Baby Boomer generation (born 1946-1964) has also had higher rates of suicide than previous generations, with men being particularly vulnerable. This generation is currently entering the 65+ age category. Individuals older than 65 have the highest rates of dying by suicide, with an average of two to four attempts for every suicide completed. Typically, seniors give less warning signs, discuss suicide less and tend to be more determined and use more lethal means when attempting suicide.

Some of the specific risk factors for seniors with regards to suicide are social isolation/living alone, experience of suicide loss, major life changes (e.g. moving to a retirement home, loss of loved one, retirement and financial changes), depression and mental illness. Some specific protective factors include positive health, exercise, social network/connections, familial support and friendship, interests/hobbies and restricted access to lethal means (e.g. certain medication, weapons).

Youth

We know that youth are at a critical age for brain function and mental health development. Be aware that youth suicide may be affected differentially by risk (e.g. gender, smoking, bullying, criticism and stress) and protective factors (e.g. physical activity and emotional, mental and social supports) compared to other populations. Youth and young adults (15-24) are a significantly vulnerable segment with regards to suicide. Suicide accounts for nearly a quarter of all deaths in Canada for those 15-24 years of age.

LGBTQ2S+

There are specific suicide risk factors to be aware of for individuals who identify as part of the LGBTQ2S+ community including mental illness, addictions, discrimination, younger age and unsupportive parents.

Specifically, LGBTQ2S+ youth in Canada face disproportionately higher rates of suicide and suicidal ideation than their non-LGBTQ2S+ peers. LGBTQ2S+ youth also face differential risk factors such as higher rates of homelessness, rejection from their families and higher rates of bullying, harassment and assault.

Protective factors for LGBTQ2S+ youth and adults can include positive responses by family, social support from peers and self-acceptance. For Two-Spirited people, one Canadian study showed that being part of a supportive Indigenous community was a protective factor.

Indigenous Peoples

Currently, suicide rates for the Indigenous Peoples of Canada (First Nations, Inuit and Métis) are some of the highest in the world, with some communities facing suicide rates that are 800 times the national average. Before colonization, suicide rarely occurred among the First Nations and Inuit. The intergenerational trauma from colonization has resulted in an increase in risk factors of suicide. Knowing what we know about suicide rates among youth in general, it may not be surprising to learn that Indigenous youth face much higher suicide rates than their non-Indigenous Canadian counterparts (i.e. 126 suicides per 100,000 Indigenous male youth aged 15-24 compared to 24 suicides per 100,000 non-Indigenous male youth aged 15-24).

Organizations should be aware that Indigenous Peoples can also have differential risk and protective factors. Differential risk factors, especially in urban settings, can include isolation from home communities, racism, discrimination, lack of culturally-appropriate services and increased rates of both homelessness and incarceration. Differential protective factors can include and are not limited to cultural connection, Indigenous language knowledge and connection to community.

Indicators of Suicidal Thoughts

Participants may not always directly disclose suicidal thoughts or intentions. It is important that staff are trained in recognizing individuals at risk, have an awareness of indicators of suicidality and are intentional about noticing these indicators.

Some of the most common indicators of suicidal thoughts include:

- Talking about unbearable exhaustion or pain
- Talking about feeling trapped
- Talking about feeling hopeless, helpless or having no purpose
- Talking about being a burden to friends and family
- Reporting reckless or dangerous behaviours

Talking About Suicide

Some staff may be reluctant to talk about suicide with an individual who has not raised the topic themselves. They may be concerned that asking about suicide will cause offense or that bringing up the topic could influence a person to consider suicide. Instead, most people who are coping with challenges associated with suicide risk are relieved when a supportive person asks directly about suicide, as doing so shows a willingness to talk about difficult subjects. If a participant is thinking about suicide, the supportive person has opened the conversation and if not, the participant can (and will) say no. Research suggests there is little risk involved in asking about suicide. People who do not want to kill themselves will not be inspired to do so by someone asking about it.

Considerations When Talking About Suicide

- Safety for the participant and staff
- Privacy of the participant
- Language or cultural barriers to understanding and/or disclosure
- Limits of confidentiality and the duty to report
- Training/expertise of the staff (if staff are unclear on how to proceed, they can consult with Strathcona County Family and Community Services)

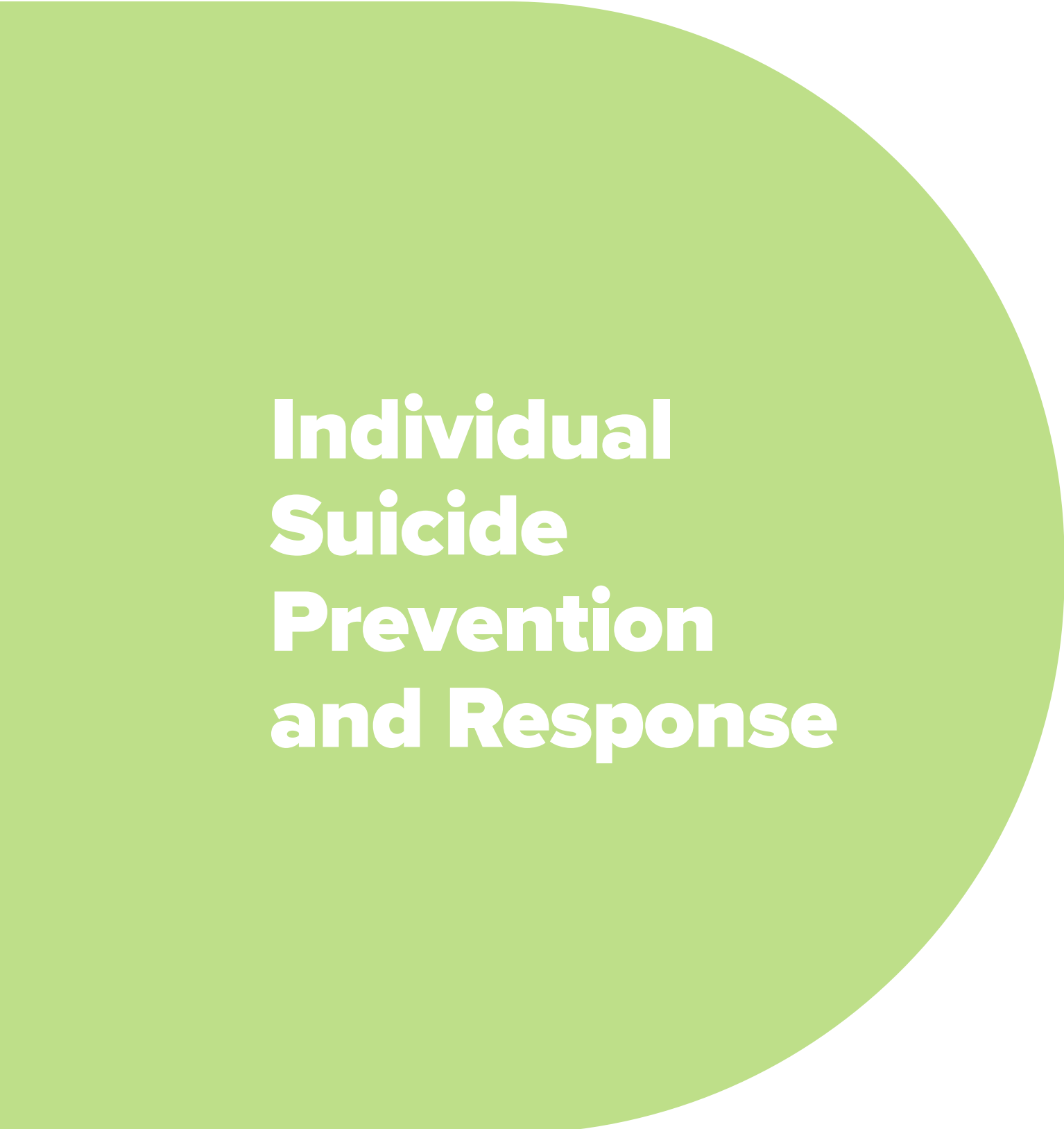
Suicide Behaviour Versus Self-Harm

What is the difference between self-harm (often called non-suicidal self-injury [NSSI]) and suicide behaviour?

The main difference is intent. People who self-harm do so for a number of reasons, but they generally do not want to die or do serious injury to themselves. This usually means that NSSI is a lower-risk behaviour; however, NSSI can contribute to suicide risk and is always a sign that a person needs support and care.

Staff should be aware when working with participants who express suicidal thoughts or talk about suicide behaviours. If an individual talks about self-harm, staff should always connect the person to counselling services.





Individual Suicide Prevention and Response

Supporting Individuals at Risk

If you suspect that a participant is thinking about suicide or if a participant discloses suicidal thoughts:

1. On the phone, immediately note the participant's name, the phone number they are calling from and if possible, location, in case they are at risk and the call is disconnected so assistance can be dispatched. In the office, invite them to a location that allows you to speak privately.
2. Ask directly if the participant is thinking about suicide (see Appendix 1 for language and listening techniques).
3. If the participant says they are thinking about suicide, contact a staff member trained in suicide intervention to take over. If they say they are not, it is still best to encourage them to speak to a counsellor or trained professional. These professionals are available through Strathcona County Family and Community Services.
4. Do not leave the participant alone. While you are waiting to be joined by suicide intervention-trained staff, use supportive listening with the participant (see Appendix 1).
5. After a warm hand-off has been completed, debrief with your supervisor or the on-site supervisor as soon as time permits and before the end of your shift.
6. Document the event thoroughly within 24 hours. Make sure to describe your actions, step-by-step. Everyone making contact in the identification and response is required to complete a note. Focus on facts.

If a participant tells you they are going to harm themselves or have taken action to end their life:

1. On the phone, immediately note the participant's name, the phone number they are calling from, and if possible, location, in case the call is disconnected. Whether on the phone or in person, try to keep the person calm and engaged in conversation.
2. Let the participant know you are going to call 911. Have another staff member call 911 while you keep them on the line. If the participant is willing, take them to a location where you can speak privately and invite a staff member trained in suicide intervention to join you. Make the call to emergency services together if possible.
3. Do not leave the participant alone until emergency services have arrived. Use supportive listening with the participant throughout the conversation (see Appendix 1).
4. After a warm hand-off has been completed, debrief with your supervisor or the on-site supervisor as soon as time permits and before the end of your shift.
5. Document the event thoroughly within 24 hours. Make sure to describe your actions, step-by-step. Everyone making contact in the identification and response is required to complete a note. Focus on facts.

Assessing Risk and Intervening

Assessing the participant

1. The most important things you can do with any individual who may be at risk of suicide are listening, showing empathy and being honest. Use active listening skills and prioritize building rapport throughout conversations around suicide (see Appendix 1 for listening skills).
2. Ask directly if the participant is thinking about suicide (see Appendix 1 for language).
3. Contact a professional trained in suicide intervention to conduct a risk assessment to help determine next steps.
4. If you determine the risk of suicide
 - » to be imminent at this time, contact emergency services.
 - » to be high at this time, contacting key people in the participant's life to support or contacting emergency services may be necessary.
 - » to be medium risk, the individual may be a good candidate for AHS's stabilization service or ongoing AHS programs.

If you believe that a participant's mental health crisis is ongoing, even if they are reasonably stable at the end of your conversation, consider contacting Access 24/7 (780-424-2424) with the participant for later follow-up. In addition, create a safety plan (see Appendix 2).

5. Regardless of level of risk, decide with the participant who (if anyone) to notify about this conversation. For minors, connect with caregivers as per your agency policy. Informal supports may be important to ensuring the participant's safety.
6. Make a plan for follow up with the participant with the goal of finding out if they have connected to other resources. Note that this is not a safety contract, but instead part of continuity of care and connecting participants to the community.
7. Debrief with a supervisor or colleague for your own wellbeing as these situations can be intense.
8. Document the event.

Resources

Ultimately, the participant's greatest resources are those which have allowed them to cope with tough times currently and in the past. Helping participants identify their resiliency, courage, patience, intuition, etc., may reduce some of the narrowing of focus associated with thoughts of suicide.

Family and friends can be considered supports when they are trustworthy and reliable. Agencies and services can be an important supplement to the participant's internal strengths when they are purposeful and empowering. When connecting to external resources consider the following steps:

- Explore what the participant has already tried or considered trying. If it was unsuccessful, finding out why it did not work can be helpful in identifying and possibly reducing barriers. For example, emergency room visits may have been traumatic or may not have produced desired results. If participants feel they cannot keep themselves safe, where else can they go to be supported and not to be alone?
- Explore if the participant believes they need anything else at this time.
 - » For those who are overwhelmed, offer resources only to fill gaps. Engaging with too many services at once can be problematic and overwhelming.
 - » For others, offer multiple referrals as they allow the participant the opportunity to choose what best suits them.

When offering a referral, keep in mind the following considerations:

- What services do they include?
- Location—transportation may be an issue. Some participants prefer to travel outside of their community to protect privacy.
- Contact information—hours and phone contact
- Is there someone in particular the participant should talk to? What will happen when they call?
- Is there a wait list?
- Follow up on referrals with the participant.
- Interim options

Staff Safety

Some positions, by their very nature, put people at a higher likelihood of encountering suicidal participants than others. Suicide is one of the most dangerous, complex, intense situations that a staff person can deal with as things can escalate very quickly. There may be fluidity between homicide and suicidal ideation.

Have processes in place to increase safety and minimize risk for all staff. It is important that established processes are followed. As an employee, your work may require you to work alone and/or visit participants outside of the office. In this case, additional precautions are strongly recommended.

Summary

Suicide is a devastating occurrence. Responses to suicide, on both the individual and community level, must be thoughtfully planned in order to best support the community in a trauma-informed manner.

Suicide Prevention and Response addresses the ripple effects of violence and trauma that may persist after suicides that impact the larger community. This work is a critical component of the comprehensive approach to safety and well-being in Strathcona County.



