Cumberland County Sheriff's Office







M.A.T. Team

Our Mission.....

 To provide comfort, information, support and meeting people's practical and emotional needs.





In 2011 we had five team members to attend CISM training. Upon returning from training, we started to develop the Members Assistance Team.

Policy for the Members Assistance Team was written in 2012 and finally approved in 2015. Once policy was approved, a big push by the coordinators to increase the ranks of the Members Assistance Team happened. In 2017 the MAT team reached 20 members, 19 active and 1 retired.

Due to the increase in peers with the Members Assistance Team we were able to divide peer members into two teams.

With the development of two teams, we were able to go on a weekly call out basis for the teams.

Team members are pulled from various sections of The Sheriff's Office. This is to ensure we have a broad base of peer team members and no section is depleted when a critical incident occurs. Utilizing peers from all sections gives us the ability to understand how all sections work. It also allows those sections to have contact with peer members on a daily basis.

The Coordinators

Captain
Brian
Perry



Sergeant
Gene "Gino"
Belflowers

Meet the Teams



Team A

- Lieutenant Shawna Leake
- Sergeant Joseph Lemons
- Detective Jamie McLeod
- Senior Sergeant Matthew Raymes
 - Sergeant Maura McPherson
 - Lieutenant Rita Tatum
 - Deputy David Alpers
 - Corporal Tara Whitman

Team B

- Senior Sergeant Curtis Wells
 - Corporal Lynn Lavallis
- Senior Sergeant David Leatherwood
- Sergeant Rachelle Dawson-Raynor
 - Corporal Kevin Hamlett
 - Sergeant Patrice Bogertey
 - Lieutenant Phillip Norris
 - Detective Nicole Mincey
- Detective Angelica Condesaavedra

Core Concepts of Crisis

 Critical incidents are overwhelming, threatening, terrifying, disgusting or unusually challenging events that disrupt usual coping abilities and have the potential to create negative growth, or significant human distress.

Psychological Crisis

- An acute response to a trauma, disaster, or other critical incident wherein:
 - Psychological homeostasis(balance) is disrupted(increased stress)
 - One's usual coping mechanisms have failed
 - There is evidence of significant distress, impairment, dysfunction
 - (from Caplan, 1964, Preventive Psychiatry)

Crisis Intervention

 Crisis Intervention (either individual or group) is psychological first aid.

– Goals:

- Stabilization
- Symptom reduction
- Return to adaptive functioning, or
- Facilitation of access to continued care
 - (adapted from Caplan, 1964, Preventive Psychiatry)

 A majority of individuals exposed to a traumatic event will not need formal psychological intervention; however, that does not negate the obligation to respond to the needs of those who could benefit from acute psychological support.

 There is a strong argument for providing acute psychological first-aid as early as is practical following a traumatic event. Recent recommendations for early intervention include the use of a variety of interventions matched to the needs of the situation and the recipient populations.

Best Practice Conclusions

- Early psychological intervention is valued
- Specialized crisis intervention training is necessary
- An integrated multi-component intervention system is required
- Law enforcement programs rely heavily upon "peer support"

Elements of CISM

- Strategic planning Structuring an integrative intervention
- Pre-incident educations, resistance, & resiliency training
- Demobilization, Respite Centers (large groups emergency personnel)
- Crisis Management Briefings for large groups of primary or secondary victims (emergency personnel), tertiary victims (family, co-workers, community, etc)
- Defusing (small homogeneous groups)
- Critical Incident Stress Debriefing (CISD)
 - (small homogeneous groups)

Elements of CISM

- One-on-one crisis intervention
- Family CISM
- Organizational/Community intervention, consultation
- Pastoral crisis intervention
- Follow-up
- Referral for continued care

A Rationale for Critical Incident Stress Management

- The Occupational Safety and Health Administration (OSHA) has indicated that the employer has a responsibility to maintain a safe workplace. Claims of negligence may be brought against employers who fail to act in such a manner as to reduce the potentially adverse consequences of a known risk.
- A "high risk" occupation may be defined as any occupation within which there exists an unusually high vulnerability to some adverse health consequence(high blood pressure, heart attack, stroke).

 "Our collective silence only compounds the problems. By ignoring the issue we implicitly promote the unqualified expectation that cops must, without question, be brave, steadfast, and resilient. Our refusal to speak openly about the issue perpetuates the stigma many officers hold... that depression, anxiety and thoughts of suicide are signs of weakness and failure, not cries for help." - Craig T Steckler, Chief of Police, Fremont California Police Department

CISM: The Core Components

- Pre-crisis preparation
 - Team Formation
 - Team Training
 - Pre-event Planning/Preparation
- Mobilization During Event
 - Assessment of Event
 - Determine Fluidity of Critical Incident Scene
 - Determine the Number of Individuals Directly Involved in Critical Incident
 - Determine When Individuals Will Be Able to be Removed From "The Hot Zone"

- Mobilization During Event Cont.
 - Determine number of peers needed
 - Determine defusing site(on scene or controlled environment)
 - Briefing the team on the events
 - Assignments of peers to event tasks(i.e. transportation individuals involved, defusing site preparations, making contact with family members of personnel involved if needed)
- Defusing
 - Should take place as soon as possible after event when the individuals involved emotional guards are down and their needs are high
 - Short term evaluations of individuals involved to assess the need for further intervention

Defusing

- Assisting individuals with understanding coping skills to deal with stress from the event
- Provide them with peer team contact information
- Opportunity to observe the symptoms of distress and make some decisions as to whether or not a debriefing is going to be required
- Meeting with peer members to determine the need for post defusing intervention



- Post Defusing
 - Peers making contact with individuals involved to ensure they are coping, both mentally and physically, after the event
- Debriefing
 - In depth 7 step process
 - Introduction
 - Fact Phase
 - Thought Phase
 - Reaction Phase
 - Symptom Phase
 - Teaching Phase
 - Re-entry Phase



- Debriefing Continued
 - Goals of crisis intervention
 - stabilization, i.e., cessation of escalating distress;
 - mitigation of acute signs and symptoms of distress; and,
 - restoration of adaptive independent functioning, if possible; or,
 - facilitation of access to a higher level of care (psychological assessment and intervention)



Post Debriefing

- It is essential for peers to have a meeting after the debriefing to discuss the needs of individuals involved in the critical incident.
- Develop a plan to maintain open communication between members and peers.

Tasks in Crisis Groups

- Quickly establish atmosphere of trust (ensure whats said in the group stays in the group)
- Outline goals and motivate for participation
- Build relationship to the group and its individual members
- Be a role-model for the group
- Choose, address and time important issues
- Guard against destructive group processes
- Stimulate and fine-tune a positive group process

- The Cumberland County Sheriff's Office MAT Team is available 24/7, 365, 366 on leap year.
- The function of a CISM Team is only as good as the support it receives from management. The CCSO MAT Team has received tremendous support from Sheriff Ennis Wright and the Command Staff.
- Sheriff Wright has offered the MAT Team to surrounding agencies who do not have the resources to provide Peer Support to their employees.

