MEMS Resilience Training: Report

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Resiliency is the ability of an individual to bounce back from life's adversity, cope with stresses and deal with these stresses in healthy ways. The program's goal is to apply resiliency practices that effectively manage stress and foster personal and professional development through intentionally practicing a resiliency skill set and establishing a social framework to foster resiliency. Our specific focus is on research-based resiliency methods, assessment, and the physical, psychological, and social systems of resiliency.

The First Response Resiliency program (onetreelearning.org) emerged from a jointly developed program originating from the Southern Arizona VA Health Care System and the University of Arizona. Research in resiliency training has demonstrated that successful readjustment diminishes the risk of the development of post-traumatic stress (PTS). Moreover, resiliency characteristics and the development of an adequate support system can be protective factors in preventing PTS. Resiliency can be taught effectively in a classroom setting and the development of appropriate resiliency attitudes can lead to an increase in retention. The first response resiliency program has been delivered to more than 700 police officers, firefighters, EMS, 911-dispatchers, and crime scene techs in Arizona, Colorado, California, and Arkansas. This program has been well researched and found to increases healthy pathways to which participants think, feel, and act during times of stress. Furthermore, program data demonstrates that when

participants continue to practice resiliency skills they maintain or increase the healthy stress management behaviors for at least two years.

Methods

During the two-day training we approached resiliency in three ways: organizational resiliency, individual resiliency, and community resiliency. Furthermore, the emphases and expectation given to the class was that positive results are only achieved over time with application and practice.

Awareness $\longrightarrow$ Application $\longrightarrow$ Sustainment

Training   Practice   Results

Organizational Resilience

Much like an individual a resilient organization can navigate through difficult times and emerge even stronger. As such, we suggest a few considerations for MEMS to evaluate your organization's resilience.

- First, be aware new members joining MEMS may have already experienced traumatic exposure. Consideration should be given to providing them with preventative stress management tools and help them develop social support systems early on to set our new members up for long term career success.
  - Military veterans
  - Previous public safety
  - Generational stress management insufficiency
  - History of childhood or adult trauma

- Second, continue to support resilience skills through training, behavior modeling, coaching, and mentoring for all employees and their families.

- Third, consider building a peer support team (We do not endorse any specific training but simply added links to help you start the search)

  - http://www.peersupportcentral.com/first-responder/

  - http://crisisprepandrecovery.com/trainings/

  - http://www.frsn.org/education/trainings

- Fourth, consider measuring the organization—non punitive and anonymous-- for fitness/nutrition, substance abuse, and burnout.

- Fifth, continually evaluate your EAP resources

  - Do you have counselors that understand the EMS mindset?

  - Does your EAP offer providers that practice varied treatment modalities (example EMDR)?

  - Are there legal, family, and financial resources available?

  - Can EAP be easily accessed?

  - Is there a support plan for long term treatment for the member and their family?

- Last, continue to evaluate resources and programmatic gaps.

  - Consider organizational social support by working with other area public safety agencies to pool resources to create a strong unified approach to first responder overall wellness.

Individual and Community Resilience

Over the two days, eight skills were completed with four skills mentioned briefly.

The agreement between the class and the expectation from the facilitators was the four skill not covered would be further explored using the provided text and by accessing the on-line forums http://resilienceskills.org/. The skills not covered were nutrition, exercise, wins and losses, and reaching out.

The eight skills that were completed: goal setting, relaxation, sleep, perspective taking, empathy, defeating thoughts and ABC, and building a social support system.

Last, as a reminder, we strongly encouraged journaling and modeling behaviors with the end goal of making those around you more resilient. All of the skills presented or briefly discussed contained an algorithm. The algorithms are designed to measure stress and relaxation, facilitate changing our attitudes and beliefs, and visually provide a road map towards successful outcomes. The same algorithms can be found in the text or practiced anonymously on the web at http://resilienceskills.org/

Results

First Response Resiliency continues to be a researched based program. As part of the training, participants were measured based on demographics, sleep fatigue, and resilient behaviors. While there were 19 participants total only16 completed the two-day program. Three participants identified as a spouse. The average age was 46. The average public safety experience was 19 years. Eleven females and eight males participated, and two of the participants reported being a military veteran.

Participants were also asked to respond to the question:

1. What stress related problems do you observe in yourself and your peers?
The responses were grouped based on common themes. The following word cloud displays the responses:

The top five common responses recorded were workload, lack of control, hardened, sleep, and family.

Participants were also asked:

2. What other training or resources do you think will help you manage stress?

Not-missing-work-for-help, more-time-way-from-work, time-management classes, fun-outings-together, time-management-classes, communication, preemptive-stress-identification, coping-tools., financial planning, couples' therapy, debriefings, time management classes, leadership training, paid education-degree programs, time management classes, counseling

Although it appears "time management" begins to emerge only six of the 19 participants answered this question, so was difficult to capture consistent response patterns.
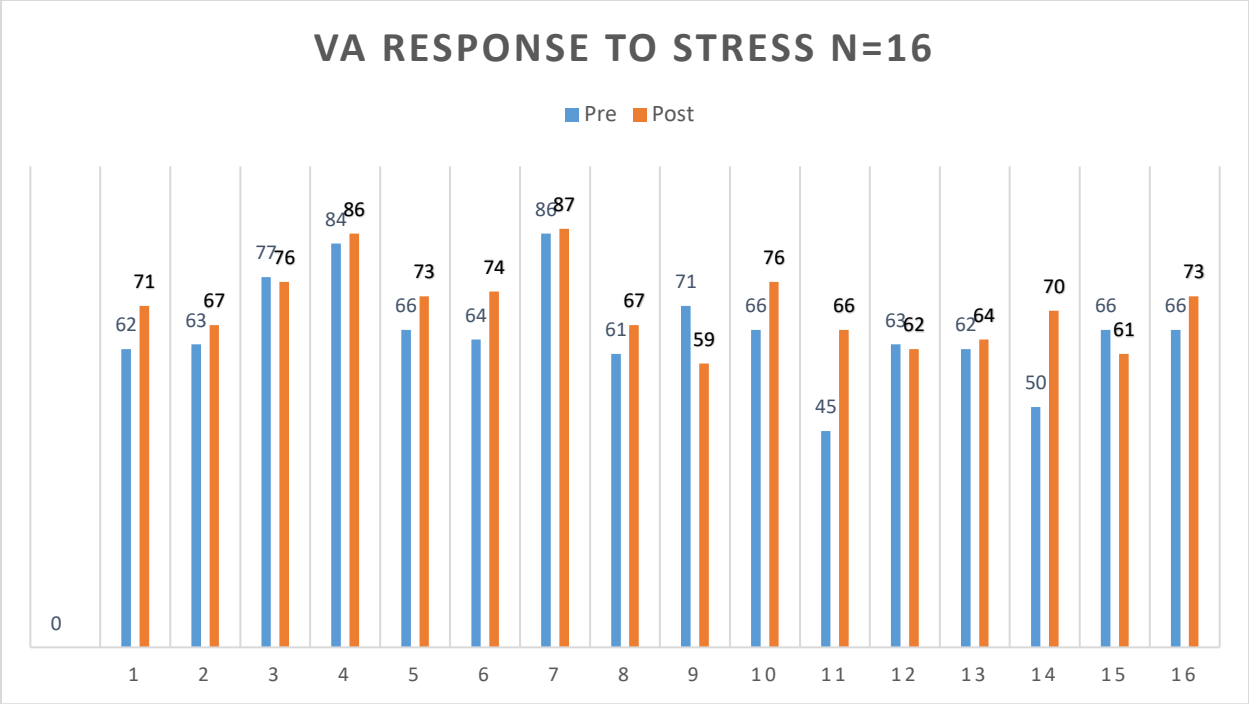
Sleep Fatigue

On average, participants scored a nine on the sleep survey thus indicating the average member reported a moderate amount of sleep fatigue. While only three of the participants indicated low sleep fatigue, seven members reported high sleep fatigue with an additional four more transitioning from moderate to high.

Fatigue:	0-5	Low sleep fatigue
	6 through 11	Moderate sleep fatigue
	12 and above	High sleep fatigue

Resiliency Scores

To measure resiliency, we use the VA Response to Stress scale. The VA test has proven to be an effective tool to capture how individuals think, feel, and behave during times of stress. The MEMS class on average scored a 65. This score is typical at the beginning when compared to previous public safety groups. The average score achieved after the program increased to 70. The group's scores before and after also achieved statistical significance. Statistical significance indicates that we can say with confidence that the statistic is reliable.[1]

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[1] Wilcoxon: The Z-value is -2.2235. The p-value is 0.02642. The result is significant at $p \leq 0.05$.
The W-value is 25. The critical value of W for N = 16 at $p \leq 0.05$ is 29. Therefore, the result is significant at $p \leq 0.05$. Cohen's d = 0.534911

VA RESPONSE TO STRESS N=16

Pre ■ Post

Participant	Pre	Post
1	62	71
2	63	67
3	77	76
4	84	86
5	66	73
6	64	74
7	86	87
8	61	67
9	71	59
10	66	76
11	45	66
12	63	62
13	62	64
14	50	70
15	66	61
16	66	73

Out of all the participant scores, there was one that dropped by 12 points. This should not be considered concerning. Our experience has been when large declines initially occur the individual comes to the realization after the class that they may not be as resilient as they thought they were. Even more promising, we have found these individuals that experience initial score drop will later see their scores increase when used in conjunction with skill application and practice over a period of 16-weeks or more.

In Closing

As an organization, MEMS commitment to providing as many coping skills as possible to its first responders and their families was evident. As has been demonstrated in other trainings in Colorado, Arizona, and California, significant increases in resiliency scores pre-post were shown in the current resilience training. It is our conclusion that sustainability will be increased by leadership modeling and

coaching those under their command and supporting family involvement in using the resilience skills.

As is the case nationally, the lack of quality sleep, was reported to be a significant problem in this cohort. As an ongoing "build a skill project," we would recommend cohorts work to find ways to improve the quality of sleep for their organization.

Because of MEMS commitment to improve the lives of their staff and families, we believe that there are multiple research opportunities and dissemination of those findings to the larger first responder community.