CRITICAL INCIDENT STRESS MANAGEMENT BOOKLET

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7 Crisis Truths

1. Many experiences can be traumatic.
2. Some are traumatic to some, but not to all.
3. Various factors may make some individuals more vulnerable than others.
4. Trauma can create immediate and delayed reactions.
5. Experiencing these reactions means the situation was serious for you.
6. Reactions sometimes get worse before they get better.
7. Sometime they reappear later, and then it may be time to get additional assistance.

A CRISIS IS ALWAYS REAL TO THE PERSON WHO IS EXPERIENCING IT.

Communication Techniques

- ***Sympathy*** is feeling sorry for those who are in distress.
- ***Empathy*** involves BOTH an affective and cognitive component.

Affective=Feeling   Cognitive=Understanding

Communication Techniques

- Paracommunication Skills – Non verbal or silent.
- Mirror Techniques – Restatement/Paraphrasing/Reflection of Emotion.
- Restatement – Takes the other persons words and restates only the term or phrase about which you wish to inquire or emphasize.
- Summary Paraphrase – Summarize in your own words the main points made by the person in crisis.
- Extrapolation Paraphrase – Draws logical conclusion from statements made.

On Scene Intervention

1. Must be subtle and discreet!
2. Integrate with command structure.
3. No Group work on scene.
4. Remove subject from provocative stressor.
5. Return to service as quickly as possible.
6. Do Not Stigmatize.

Things To Avoid

- "I know how you feel"
- "It's not so bad"
- "This was God's will"
- "Others have it much worse"
- "You need to forget about it"
- "You did the best you could"
  (Unless told that very statement by victim)
- "You really need to experience this pain"
- Psychotherapeutic interpretation
- Confrontation

Three Questions Always Asked During Follow-Up

Are your symptoms:

1. Getting Better

2. Remaining the Same

3. Getting Worse

Stress Survival Strategies

- Talk to someone you trust
- Aerobic exercise
- Reduce caffeine/alcohol
- Healthy food intake
- Increase water intake (5 water bottles a day)
- 1 hour of self-orientation
- No life altering decisions for 30 days

AUTOGENIC BREATHING

Three Times (or more)

- In through the nose for 4 count
- Hold for 4 count
- Out through the lips for 4 count
- Hold for 4 count
- Repeat

Attitude is contagious/**Panic** is contagious/**Calm** is contagious

Common Psychological Reactions

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL	SPIRITUAL
Chest Pain	Confusion	Agitation	Antisocial Acts	Anger at Clergy
Chills	Disorientation of Time, Place or Person	Anxiety	Change in Social Activity	Anger at God
Difficulty Breathing	Heightened or Lowered Alertness	Apprehension	Change in Speech Patterns	Crisis of Faith
Dizziness	Hypervigilance	Denial	Change in Usual Communications	Loss of Meaning and Purpose
Elevated BP	Intrusive Images	Depression	Erratic Movements	Questioning Basic Beliefs
Fainting	Nightmares	Emotional Outbursts	Hyper-alert to Environment	Religious Compulsions
Fatigue	Poor Abstract Thinking	Emotional Shock	Inability to Rest	Religious Hallucinations or Delusions
Grinding Of Teeth	Poor Attention /Decisions	Fear	Increased Alcohol Consumption	Religious Obsessions
Headaches	Poor Concentration /Memory	Feeling Overwhelmed	Intensified Pacing	Sense of Isolation from God
Muscle Tremors	Poor Problem Solving	Grief	Loss or Increase of Appetite	Uncharacteristic Religious Involvement
Nausea	Suspiciousness	Guilt	Withdrawal	Withdrawal from Place of Worship
Profuse Sweating	Uncertainty	Inappropriate Emotional Response		
Rapid Heart Rate		Intense Anger		
Shock Symptoms		Irritability		
Thirst		Loss of Emotional Control		
Twitches		Panic		
Visual Difficulties				
Vomiting				
Weakness				

SAFER-Revised Model Of Individual Crisis Intervention

Stabilize the Situation –
Removes person from the provocation stressors

Acknowledgement of the Crisis – Event & Reactions
Establishes rapport and a sense of safety

Facilitation of Understanding –
Explain the symptoms/normal reactions

Encourage Effective Coping Techniques –
Teach survival skills/Improve coping

Recovery or Referral –
Assess

SAFER-R Examples

1. Introduce yourself
2. Meet basic needs, stabilize, liaison
3. Listen to the “story” (events, reactions)
4. Reflect emotion
5. Paraphrase content
6. Normalize
7. Attribute reactions to situation, not personal weakness
8. Identify personal stress management tools to empower
9. Identify external support/coping resources
10. Use problem-solving or cognitive reframing, if applicable
11. Assess person’s ability to safely function

Defusing Guidelines

General/Introduction

- Provided within 12 hours of event (Time starts at end of event) Preferred 1-2 hours post event
- Small groups of personnel (4-8)
- May use multiple defusing's concurrently
- Never hold at the scene (neutral location if possible)
- Personnel must be unavailable for calls
- Normally conducted by CISM Peers
- Normally outnumber debriefings 3 to 1
- Normally not used with large disasters
- Not designed for line of duty death under most circumstances
- Use separate defusings for different groups

Defusing Guidelines

Introduction

- Introduce Team
- State purpose
- Motivate participants
- Set rules
- Confidentiality
- Describe process

Defusing Guidelines

Exploration

- Ask personnel to describe what happened
- Minimal clarifying questions
- Ask about experiences and reactions
- Assess need for additional intervention
- Reassure as necessary

Defusing Guidelines

Information

- Acknowledge and summarize the exploration provided by the group members
- Normalize experiences and/or reactions
- Teach key stress survival skills
- Emphasize taking care of self
- Rest / family life / stress management
- Offer additional help such as one-on-ones

Critical Incident Stress Debriefing Guildelines

Stage 1: Introduction

- TEAM MEMBER INTRODUCTIONS
  - Name, role and background
- PURPOSE
  - Not therapy
  - Find coping skills in dealing with common reactions to an uncommon event
  - Learn the facts/dispel rumors
- GROUND RULES
  - Confidentiality
  - Not required to speak
  - Not a tactical critique
  - Speak only for yourself
  - No breaks, notes, recorders or media
  - Excuse those who do not belong
  - If you leave, we ask that you return

Critical Incident Stress Debriefing Guildelines

Stage 2: Fact Phase

- State name and role in incident
- Factually recreate the event
  - We're putting the pieces of the event together
  - It might help to do this chronologically
- Upon your arrival
  - What did you see?
  - What did you hear?
  - What did you smell?
  - Describe any other sensory reactions
- Acknowledge, Validate and Reassure

Critical Incident Stress Debriefing Guildelines

Stage 3: Thought Phase

- What was your first thought when you…
  - Arrived on the scene?
  - Were told what happened?
- What were or are your concerns?
- Any recurring thoughts since the event?
- Acknowledge, Validate and Reassure

Critical Incident Stress Debriefing Guildelines

Stage 4: Reaction Phase

- What was your first reaction?
- Describe **your** mental picture of the scene.
- How has this event changed your life?
- What would be the one part of this event you would erase, if that were possible?
- Is there a part of this event that causes you pain?
- Acknowledge, Validate and Reassure.
- Offer possible reactions; shock, guilt, fear, anger, relief; how they felt then and now.

Critical Incident Stress Debriefing Guildelines

Stage 5: Symptom Phase

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL	SPIRITUAL
Chest Pain	Confusion	Agitation	Antisocial Acts	Anger at Clergy
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Twitches		Panic		
Visual Difficulties				
Vomiting				
Weakness				

Critical Incident Stress Debriefing Guildelines

Stage 6: Teaching Phase

- Adrenaline in system – Moderate exercise
- Encourage questions
- Provide handout on CISM/things to try
- Stick to a routine, talk to others, increase sleep, eat healthy food, re-hydrate
- AVOID sugar, caffeine and excessive alcohol consumption
- Spend time with family and friends

Critical Incident Stress Debriefing Guildelines

Stage 7: Re-Entry Phase

- Summarize event with emphasis on positive, learned aspects
- Provide cards with telephone and pager numbers
- Questions/reassurances
- Encourage ongoing mutual support
- Ask those with strong symptoms to contact a team member afterward
- Summarize statements from team members

Rest Information & Transition Services (RITS) Guidelines

General

- Quick informational and rest session
- Applied when units released from service and before return to normal duties
- Major incidents (100+ personnel)
- Identify individuals who may need assistance
- Target Groups: Team of workers, Engine/truck companies, Ambulance units, Search teams, Perimeter control teams, Squad and special units

Rest Information & Transition Services (RITS) Guidelines

Procedure/Talk

- Speaker Introductions (Generally one speaker and one observer)
- Review of Process
  - 10 minutes only
  - Important info to reduce stress
  - Cope with experience faster and easier
  - Statement that some reactions may be visible now, some later, some not at all.

10 Minute Talk

- Assurance that symptoms are common
- Warning that symptoms can be dangerous
- Describe Common Reactions to Stress
- Explain stress survival strategies
- Announcement of subsequent debriefings
- Summary & Handouts

Rest Information & Transition Services (RITS) Guidelines

Rest

20 minute rest time following 10 minute talk allows time to decompress

- Team available for one-on-one work.
- Command may provide updates or announcements.
- Provide healthy refreshments
  - Start them eating right, immediately
  - Models appropriate behaviors

Crisis Management Briefing Guidelines

General

Large group crisis intervention technology

- The most effective and versatile component with CISM crisis intervention
- Applicable to reach large numbers (20 to 300)
- Can also be utilized with smaller groups prior to a CISD, if applicable

Crisis Management Briefing Guidelines

Checklist

- Location
- CISM Team
- Participants
- Resources
- Organizational history
- Explanation of facts and current status

Crisis Management Briefing Guidelines

CMB TEAM ROLES-STAFFING

- CISM Peers
  - Team Leader
  - Peers (2) to assist with presentation
  - Peers (1:10-15 Ratio) for 1:1's
- Mental Health Professionals
  - Utilize a team approach (2-4)
- Credible representative
- Specialty CISM Peers

Crisis Management Briefing Guidelines

CMB PHASE 1 (Team Leader)

- Assemble Participants
- Introduction of CISM Team
- Outline purpose and goals of the CMB
- Explain ground rules
    - No Rank
    - Not an operational critique
    - Phone set to vibrate
    - Treat each other with utmost respect
    - Total confidentiality

Crisis Management Briefing Guidelines

CMB PHASE 2 (Credible Representative)

- Credible sources/authorities explain the facts of the crisis event
- What has happened? What will happen? What will be done (past/present/future)?
- Answer a few appropriate questions, if needed.

Crisis Management Briefing Guidelines

CMB PHASE 3 (Peers)

- Team will present/discuss the most common reactions (signs, symptoms, themes) relevant to the crisis event.
- Common themes, such as safety, abandonment, trust and spiritual issues.

Crisis Management Briefing Guidelines

CMB PHASE 4 (Mental Health Professionals)

- Address personal coping and self-care strategies
- Teach stress management
- CISM, organizational and community resources
- Questions as possible
- Handouts distributed

Suicide Awareness

Warning Signs

- Depression
- Frequent crying
- Energy, none or very agitated
- Skipping appointments
- Sudden changes in sleeping habits
- Exaggerated mood swings
- Engaging in self-destructive or dangerous risks
- Complete loss of interest in activities/family/fund that the person recently enjoyed
- Little motivation to do anything
- Confusion
- Isolating one's self
- Sudden changes in eating habits
- Neglect of personal appearance
- Increasing drug or alcohol abuse
- Giving away personal possessions

Suicide Awareness

Concerning Statements

- "I don't want to be here anymore"
- "Nobody would miss me if I weren't here"
- "I want to die"
- "I wish I could just disappear"
- "I may go and never come back"
- "I won't be around much longer"
- "I don't know how much longer I can take this" (Stated often in many distressful situations. Take this comment in context of this situation)

Suicide Awareness

What to do!

- Take warning signs seriously
- Express true concern for the persons welfare
- Ask what is troubling the person, then sit and wait for answer
- Listen very closely to each word said, and confirm what the person said to you
- Acknowledge their feelings
- Don’t try to make sense of what they are telling you

IF SOMEONE IS IN SUICIDAL DISTRESS,
DO NOT LEAVE THEM ALONE FOR **ANY** REASON.

Suicide Awareness

Behaviors to Avoid

- **Don't** try and argue anyone out of suicide, this will give confidence to the person to follow through with their actions.
- **Don't** pretend to understand all of their troubles, assist in working through them.
- **Don't** order or command someone that they "can't do it."
- **Don't** agree to keep suicidal thoughts, threats or plan secret or confidential
- **Don't** assume the person is "going through a phase" and "will get over it."

IF SOMEONE IS IN SUICIDAL DISTRESS,
DO NOT LEAVE THEM ALONE FOR **ANY** REASON.

Post-Traumatic Stress Disorder

Awareness Information

All emergency service providers are potentially vulnerable to PTSD

- Anatomy
  - Amygdala
  - Hippocampus
- Physiology
  - Norepinephrine
  - Cortisol
  - Epinephrine
  - Glutamate
  - Serotonin
  - Dopamine

1. Traumatic Event
2. Intrusive Memories
3. Avoidance, Numbing
4. Stress Arousal
5. Depression
6. Symptoms Last > 30 Days
7. Impaired Functioning

Post-Traumatic Stress Disorder

Early Warning Signs

- Dissociation
- Traumatic dreams
- Memory disturbances
- Persistent/intrusive recollections
- Self-medication
- Out of control anger, irritability, hostility
- Persistent depression or withdrawal
- “Dazed” or “numb” appearance
- Panic attacks
- Phobia formation

Post-Traumatic Stress Disorder

Severe Warning Signs

- Dissociation
- Psychogenic amnesia
- Persistent sleep disturbances
- Severe exaggerated startle response
- Evidence of seizures