

Critical Incident Stress Management (CISM)

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Materials in this presentation came from the following resources

- International Critical Incident Stress Foundation (ICISF) Assisting Individuals in Crisis and Group Crisis Intervention
- Stress First Aid
- The Great Courses: Stress and Your Body, Professor Robert Sapolsky, Ph.D.
- Why Zebras Don't Get Ulcers by Robert Sapolsky
- How Stress Affects Your Brain – Video <https://www.youtube.com/watch?v=WuyPuH9ojCE>
- How Stress Affects Our DNA – Video <https://www.youtube.com/watch?v=8nbCuJugSkw>

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Outline & Objectives

- What Is Stress?
- How Stress Affects Our Brain
- How Stress Affects Our DNA
- Signs and Symptoms of Distress and Dysfunction
- Critical Incident Stress Management
- Stress First Aid
- Stress Management

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What Is Stress?

Stress occurs when the pressure is greater than the resource.

$$S = P > R$$

Three intensity levels of stress:

Eustress = Motivating stress

Distress = Excessive stress

Dysfunction = Impairment

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Understanding the Natural Stress Response

- Stress starts off as a feeling or reaction to certain situations and then can affect our entire body.
- The body's stress-response system is usually self-limiting.
- Once a perceived threat has passed, the parasympathetic nervous system takes over and hormone levels return to normal.
- As adrenaline and cortisol levels drop, your heart rate and blood pressure return to baseline levels, and other systems resume their regular activities.

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When the Natural Stress Response goes Haywire

- But when stressors are always present and you constantly feel under attack, that fight-or-flight reaction stays turned on.
- This puts you at increased risk of numerous health problems, including:

Anxiety

Diabetes

Depression

Sleep problems

Digestive problems

Weight gain

Headaches

Memory & concentration

Heart disease

impairment

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How Stress Affects Your Brain

- Continuous/Chronic stress can change your brain – Size, Structure, & Function
- Cortisol over time will affect:
 - Amygdala fear center increased activity
 - Hippocampus electric signals deteriorate and weakens ability to control stress
 - Prefrontal Cortex shrinks affecting ability for concentration, decision making, judgement, and social interaction
 - Effects of cortisol can be reversed

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How Stress Affects Your DNA

- Chronic stress affects our chromosomes
- Chronic stress accelerates the shortening of our telomeres
- Mothers with special need children have an aging process of 6/1
- The enzyme telomerase helps repair the damage to telomeres
- Compassion and connection with others helps reverse the effects of chronic stress

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Signs and Symptoms of Distress and Dysfunction

DISTRESS (excessive stress).

Rx (prescription)

Identify; Assess; Provide Respite; Monitor

DYSFUNCTION (impairment)

Rx (prescription)

Identify; Assess; Take action

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I. Cognitive Distress (Thinking)

- Sensory Distortion (acute)
- Inability to Concentrate
- Difficulty in Decision Making
- Guilt
- Preoccupation (obsessions) with Event
- Confusion (“dumbing down”)
- Inability to Understand Consequences of Behavior

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II. Emotional Distress

- Anxiety
- Irritability
- Anger
- Mood Swings
- Depression
- Fear, Phobia, Phobic Avoidance
- Posttraumatic Stress (PTS)
- Grief

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III. Behavioral Distress

- Impulsiveness
- Risk-taking
- Excessive Eating
- Alcohol/ Drug Use
- Hyperstartle
- Compensatory Sexuality
- Sleep Disturbance
- Withdrawal
- Family Discord
- Crying Spells
- Hypervigilance
- 1000-yard Stare

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IV. Physical Distress

- Tachycardia or Bradycardia
- Headaches
- Hyperventilation
- Muscle Spasms
- Psychogenic Sweating
- Fatigue/ Exhaustion
- Indigestion, Nausea, Vomiting

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V. Spiritual Distress

- Anger at God
- Withdrawal from Faith-based Community
- Crisis of Faith
- Religious Reappraisal
- Asking Core Questions “Why Me” – “Why Did This Happen”
- Needing Reassurance of God’s Presence & Power
- Questioning the Power of Prayer

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I. Severe Cognitive Dysfunction

- Suicidal/ Homicidal Ideation
- Paranoid Ideation
- Persistent Diminished Problem-solving
- Dissociation
- Disabling Guilt
- Hallucinations
- Delusions
- Persistent Hopelessness/ Helplessness

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II. Severe Emotional Dysfunction

- Panic Attacks
- Infantile Emotions in Adults
- Immobilizing Depression
- Posttraumatic Stress Disorder (PTSD)

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III. Severe Behavioral Dysfunction

- Violence
- Antisocial Acts
- Abuse of Others
- Diminished Personal Hygiene
- Immobility
- Self-medication

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IV. Severe Physical Dysfunction

- Chest Pain
- Persistent Irregular Heartbeats
- Recurrent Dizziness
- Seizure
- Recurrent Headaches
- Blood in vomit, urine, stool, sputum
- Collapse / loss of consciousness
- Numbness / paralysis (especially of arm, leg, face)
- Inability to speak / understand speech

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V. Severe Spiritual Dysfunction

- Feelings of Hopelessness and Fatalism
- Questioning Core Faith and Spiritual Values
- Extreme Guilt, Shame
- Changing Assumptions About Life and Afterlife
- Feeling Need to Be Punished
- Needing Acts/rituals of Purification
- Hallucinations and Delusions

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Definitions

CRITICAL INCIDENTS are unusually challenging events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms. The event which produces the crisis response.

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Psychological Crisis

An acute **RESPONSE** to a trauma, disaster, or other critical incident wherein:

1. Psychological homeostasis (balance) is disrupted (increased stress)
2. One's usual coping mechanisms have failed
3. There is evidence of significant distress, impairment, dysfunction

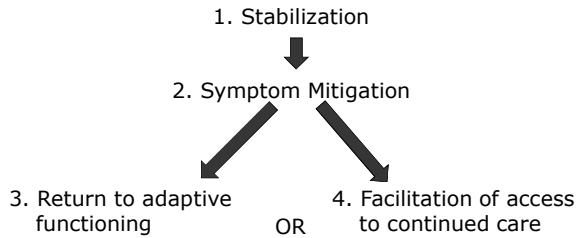
(adapted from Caplan, 1964, Preventive Psychiatry)

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CRISIS INTERVENTION

Goals: To foster natural resiliency through...



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IMPORTANT!

Crisis intervention targets the RESPONSE, not the EVENT, per se.

Thus, crisis intervention and disaster mental health interventions must be predicated upon assessment of need.

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CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

A comprehensive, phase-sensitive, and integrated, multi-component approach to crisis/disaster intervention. (Everly & Mitchell, 2008, 2013; Everly, & Langlieb. 2003).

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CORE ELEMENTS OF CISM

1. Assessment and Psychological Triage, **including initial surveillance**
2. Individual Crisis Intervention: Assisting Individuals in Crisis via Psychological First Aid (Everly, 2013)
 - Psychological alignment
 - Active listening
 - SAFER-R Model
 - Follow-up and/or Referral

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CORE ELEMENTS OF CISM

3. Informational Group Crisis Interventions (Mitchell, 2008):

- Rest Information Transition Services (RITS); psychological decompression for large groups of rescue/ recovery personnel)
- Crisis Management Briefings (CMB): Can be done in large or small groups

4. Interactional Group Crisis Intervention (Mitchell & Everly, 1993; Mitchell, 2008):

- Defusings (small groups)
- Critical Incident Stress Debriefing (CISD)

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CORE ELEMENTS OF CISM

5. Strategic Planning: Choosing the most appropriate interventions (Everly & Mitchell, 2008; Mitchell, 2008)
6. Fostering Personal and Community Resilience
 - Organizational resilience building; Resilient Leadership training (IOM, 2013; Everly, Strouse, & Everly, 2010)
 - Community resilience building

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CORE ELEMENTS OF CISM

- Family crisis intervention and resilience (Everly, 2009)
- Pastoral crisis intervention (Everly, 2007)
- Personal resilience and self-care: **PSYCHOLOGICAL BODY ARMOR™** (Everly, 2009, 2013; Everly, Strouse, & McCormack, in press) using the “**five factors of human resilience**” (**optimism, decisiveness, a moral compass, tenacity, support**).

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What Is Stress First Aid (SFA)?

A flexible multi-step process for the timely **assessment and preclinical response to psychological injuries ...**



...in individuals or units with the goals to **preserve life, prevent further harm, and promote recovery.**

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What Is Stress First Aid?

- SFA is a framework to improve recovery from stress reactions
- SFA fosters longevity in the job
- SFA can reduce stigma by changing culture
- SFA creates a common language to address stress
- SFA addresses stress reactions before they create problems

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Characteristics of Stress First Aid

- ◇ Flexibility and “tiny steps” are emphasized
- ◇ Timing and context are important
- ◇ Mentoring and problem solving are highlighted
- ◇ SFA is not meant to address all ranges of issues
- ◇ Bridging to higher care is recommended when indicated

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Essential SFA Skills

Recognize	Act	Know
Recognize when a peer has a stress injury	Act: If you see something, say something <ul style="list-style-type: none"> • To the distressed person • To a trusted support of the distressed person 	Know at least two trusted resources you would offer to a peer in distress

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Stress Continuum Model

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION <ul style="list-style-type: none"> Optimal functioning Adaptive growth Wellness 	DEFINITION <ul style="list-style-type: none"> Mild and transient distress or impairment Always goes away Low risk 	DEFINITION <ul style="list-style-type: none"> More severe and persistent distress or impairment Leaves a scar Higher risk 	DEFINITION <ul style="list-style-type: none"> Clinical mental disorder Unhealed stress injury causing life impairment
FEATURES <ul style="list-style-type: none"> At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically 	FEATURES <ul style="list-style-type: none"> Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun CAUSES <ul style="list-style-type: none"> Any stressor 	FEATURES <ul style="list-style-type: none"> Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame CAUSES <ul style="list-style-type: none"> Life threat Loss Moral Injury Wear and tear 	FEATURES <ul style="list-style-type: none"> Symptoms persist and worsen over time Severe distress or social or occupational impairment TYPES <ul style="list-style-type: none"> PTSD Depression Anxiety Substance abuse

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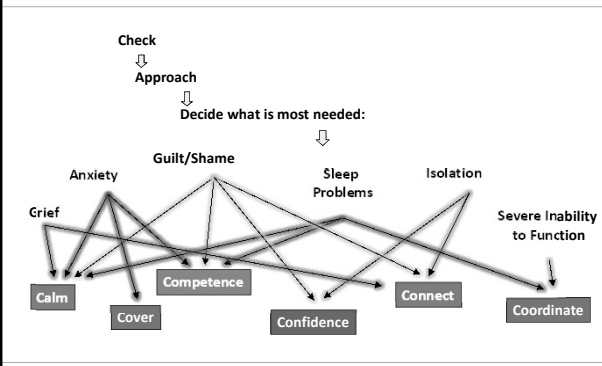
STRESS FIRST AID MODEL



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How Can You Use SFA?



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Check & Coordinate Interventions

Check



Observe: to look, listen, see and hear what is going on with the stressed individual



Keep track: of the key indicators



Decide: on helpful interventions

Coordinate



Collaborate: to promote recovery, ensure safety and get more information



Inform: others to the extent they need to know



Refer: individuals in need to others who can help

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Cover Interventions



Reduce anything that makes the person feel unsafe



Provide an accurate, authoritative voice to limit perceived threat



Focus on what to do rather than what not to do



Educate the person about how to feel more safe






Reassure that they are safe here and now

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Calming Interventions

-  Maintain a calm presence
-  Provide information about reactions
-  Validate concerns
-  Show understanding
-  Reassure by authority and presence
-  Provide brief instruction in grounding/breathing

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Connect Interventions

-  Ask about social support
-  Help link with supportive others
-  Provide support yourself
-  Address potential negative social influences

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


Competence Interventions

-  Give extra training / mentoring
-  Help problem-solve and set achievable goals
-  "Recalibrate" expectations/goals
-  Encourage active coping
-  Remind of strategies and skills that have worked before
-  Connect to community resources

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Confidence Interventions

-  Identify, amplify, concentrate on strengths
-  Reduce guilt about actions
-  Reframe self-defeating statements
-  Honor and make meaning
-  Normalize responses
-  Clarify rumors, misunderstandings, distortions

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Cognitive Stress Management

Cognitive flexibility - the ability to switch one's thinking as an adaptation to the demands of stimuli.

- Abstract thinking
- Analytical skills
- Behavior change
- Comprehension
- Coping strategies
- Expanded awareness
- Intelligence increase
- Memory increase
- Observation skills
- Open-mindedness
- Perception of reality
- Problem solving
- Stress reduction
- Thought deconstruction

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Cognitive Stress Management

When cognitive flexibility is absent.

- Addiction
- Anxiety disorders
- Dementia
- Depression
- Obsessive compulsive disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Substance dependence

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Emotional Stress Management

- Identify the sources of stress in your life
- Don't overlook how your own thoughts, feelings, and behaviors contribute to your everyday stress levels
- Identify your true sources of stress, look closely at your habits, attitude, and excuses
- Replace unhealthy coping strategies with healthy ones
- Learn how to say "no"
- Distinguish between "shoulds" and "musts"

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Emotional Stress Management

- Limit the time with people who stress you out
- Express your feelings instead of bottling them up
- Be willing to compromise
- Create a balanced schedule
- Look at the big picture
- Set reasonable standards for yourself and others
- Practice gratitude

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Behavior Stress Management

Nutrition

- Eat a healthy, well-balanced diet
- Foods containing Vitamins B and C, and Magnesium can be beneficial during stress
- Reduce caffeine, sugar, and salt
- Avoid alcohol, cigarettes, drugs, and self-medication

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Behavior Stress Management

Time

- Manage your time better
- Choose a healthier work-life balance
- Don't over-commit yourself
- Prioritize tasks
- Break projects into small steps
- Delegate responsibility

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Behavior Stress Management

Rest and Relaxation

- Make time for fun and recreation and hobbies
- Set aside time for rest and relaxation
- Do something you enjoy every day
- Keep your sense of humor
- Consider taking up a relaxation practice
- Learn new relaxation techniques

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Physical Stress Management

Physical exercise

- Regularly exercise for 20-30 minutes (or more)
- Exercise releases endorphins
- Build up your fitness level gradually
- Make sure it's something you enjoy
- Exercise decreases your chance of cardiovascular disease
- Exercise stimulates neurogenesis and helps your neurons grow new processes and connections

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Physical Stress Management

Sleep

- During sleep, the body moves through five different stages of both NREM (non-rapid eye movement) and REM (rapid eye movement) sleep. Over the course of the night, the body will go through this five-stage cycle four to six times, spending an average of 90 minutes in each stage.
- Memories are consolidated during sleep.
- If REM sleep is disrupted, cognition is also disrupted: You don't remember things as well, and you generally don't learn things as well.

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Physical Stress Management

A Word About Naps

- 20-30 minutes improves alertness, enhances performance, and moods. This length keeps you in the lightest stage of non-REM sleep, making it easier for you to get up and go after your snooze.
- 30 to 60 minutes hit the deeper stages of sleep, where your brain waves slow down, making you feel groggy.
- 90 minutes will complete one sleep cycle. You'll wake feeling refreshed. Sleeping for this long has been shown to boost memory and creativity.

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Spiritual Stress Management

- Cultivate your spirituality – where are you, where were you, where would you like to be?
- Practice your spiritual disciplines
- Seek out a trusted adviser or friend
- Read inspirational stories or essays to help you evaluate different philosophies of life
- Talk to others whose spiritual lives you admire
- Foster relationships with the people who are important to you

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Critical Incident Stress Management (CISM)

Questions Comments & Observations

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