CRISIS RESPONSE CARE TRAINING

A COMMUNITY SERVICE POWERED BY K-LOVE
"Two people are better than one, because they have a good return for their work: if one falls down, his friend can help him up …"

Ecclesiastes 4:9-10,12

K-LOVE’s desire is to come alongside of you within your community to provide CISM Training courses that are interactive classes designed to help you. These courses are for public and private sector professionals, volunteers, and mental health professionals.

K-LOVE’s CISM Training helps prepare participants to effectively provide help and interventions after tragic or catastrophic events in the workplace or community.
Critical Incident Stress Management, or CISM, is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured and professionally recognized process which helps those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms or receive referral for further help if required. It is not psychotherapy. It is a confidential, voluntary and educative process, sometimes called ‘psychological first aid’.

* The materials in this notebook are from International Critical Incident Stress Foundation training manuals. [www.ICISF.org](http://www.ICISF.org)
### Section 1

**Typical Reactions to a Traumatic Event:**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Behavioral</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Blaming Someone</td>
<td>Anxiety</td>
<td>Change Activity</td>
<td>Anger at God</td>
</tr>
<tr>
<td>Nausea</td>
<td>Confusion</td>
<td>Guilt</td>
<td>Change in Speech</td>
<td>Feeling Distant from God</td>
</tr>
<tr>
<td>Muscle Tremors</td>
<td>Poor Attention</td>
<td>Grief</td>
<td>Withdrawal</td>
<td>Withdraw from Place of Worship</td>
</tr>
<tr>
<td>Twitches</td>
<td>Poor Decisions</td>
<td>Denial</td>
<td>Emotional Outbursts</td>
<td>Uncharacteristic Religious Involvement</td>
</tr>
<tr>
<td>Chest Pain*</td>
<td>Poor Concentration</td>
<td>Emotional Shock</td>
<td>Suspiciousness</td>
<td>Sudden Turn from God</td>
</tr>
<tr>
<td>Difficulty Breathing*</td>
<td>Raised or Lowered Alertness</td>
<td>Fear</td>
<td>Change in Usual Communication</td>
<td>Familiar Faith Practice is Empty</td>
</tr>
<tr>
<td>Elevated BP*</td>
<td>Memory Problems</td>
<td>Uncertainty</td>
<td>Restlessness</td>
<td>Belief that God is Powerless</td>
</tr>
<tr>
<td>Thirst</td>
<td>Hyper-Vigilance</td>
<td>Emotional Control Problems</td>
<td>Alcohol Use Increase</td>
<td>Loss of Meaning and Purpose</td>
</tr>
<tr>
<td>Headaches</td>
<td>Awareness of Surroundings</td>
<td>Depression</td>
<td>Loss/Increase in Appetite</td>
<td>Sense of Isolation from God</td>
</tr>
<tr>
<td>Visual Problems</td>
<td>Poor Problem Solving Ability</td>
<td>Inappropriate Emotions</td>
<td>Acting Out</td>
<td>Questioning Basic Beliefs</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Poor Abstract Thinking</td>
<td>Apprehension</td>
<td>Nonspecific Body Complaints</td>
<td>Anger at Clergy</td>
</tr>
<tr>
<td>Grinding Teeth</td>
<td>Loss of Orientation</td>
<td>Feeling Overwhelmed</td>
<td>Hyper-Alert to Environment</td>
<td>Believing that God is Not in Control</td>
</tr>
<tr>
<td>Weakness</td>
<td>Impaired Thinking</td>
<td>Intense Anger</td>
<td>Intensified Reflex Response</td>
<td>Believing that God Doesn’t Care</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Nightmares</td>
<td>Irritability</td>
<td>Pacing</td>
<td>Belief that We Have Failed God</td>
</tr>
<tr>
<td>Profuse Sweating</td>
<td>Flashbacks</td>
<td>Agitation</td>
<td>Erratic Movements</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td></td>
<td>Severe Panic</td>
<td>Increase / Decrease in Sexual Activity</td>
<td></td>
</tr>
</tbody>
</table>

*Indicates need for medical attention
SEVEN C’S OF STRESS
FIRST AID:

The 7 C’s: Check, Coordinate, Cover, Calm, Connect, Competence, Confidence
SEVEN C’S OF STRESS
FIRST AID:

1. CHECK
Assess, observe and listen

2. COORDINATE
Get help, refer as needed

3. COVER
Get to safety ASAP

4. CALM
Relax, slow down, refocus

5. CONNECT
Get support from others

6. COMPETENCE
Restore effectiveness

7. CONFIDENCE
Restore self-esteem and hope
CRISIS MANAGEMENT BRIEFING (CMB)

Can be conducted anytime post-crisis.

The group informational briefing is a technique used with large groups that have been affected by a critical incident. It aims at providing:

• **Relevant information pertaining to the event**

• **Reducing subsequent rumors and misinformation**

• **Facilitating access for follow-up resources**

It reviews the relevant facts surrounding the incident, presents the psychological dynamics of the incident, and introduces professional resources which can be used for follow-ups.
A Four Phase group crisis intervention:

• Requires from 45 to 75 minutes. It may be used with “large” groups consisting of 10 to 300 individuals.

• Designed to be used with primary victim civilian populations in the wake of terrorism, mass disasters, violence, and other large-scale crises.

• It is but one component within the comprehensive CISM system.

• The CMB is designed to be used within a comprehensive CISM framework.

• It should not be used as a “stand-alone” intervention.
Phase One
The first phase consists of bringing together a group of individuals who have experienced a common crisis event. This act of assembly is the first step in re-establishing the sense of community that is so imperative to the recovery and rebuilding process.

Phase Two
Have the most appropriate and credible sources or authorities explain the facts of the crisis event. Control destructive rumors and receive factual information concerning that which is, and is not, known.

Phase Three
Discuss most common reactions which are relevant to the crisis event:
• Signs
• Symptoms
• Psychological themes

Phase Four
Address personal coping and self-care strategies that may be of value in mitigating the distressing reactions. Simple, practical stress management strategies should be discussed.
SECTION 4

DEFUSING

Introduction:
• Introduce team members
• State purpose / describe process
• Motivate participants
• Set ground rules
• Stress confidentiality
• Not an investigation
• No one forced to speak
• All viewpoints are important

Exploration:
• Ask for brief description of event
• Ask clarifying questions
• Group members share experiences of the event only as much as they wish
• Look for themes / concerns
• Assess need for more help
• Reassure as necessary

Information:
• Acknowledge / summarize the exploration provided by the group
• Normalize experiences and / or reactions
• Teach key stress management skills
• Emphasize taking care of self
• Offer additional help such as 1:1s
DEBRIEFING- 7 PHASE CISD

Introduction Phase:
• Introduce team members
• Set expectations
• Describe “ground rules”
• Address confidentiality
• Participation in discussion is voluntary
• Not an investigation

Fact Phase:
• “Please tell who you are and what happened from your perspective”
• Or with multiple experiences: “Tell us about your experiences”

Thought Phase:
• “As you think about the incident, what are your most prominent thoughts?”

Reaction Phase:
• “What are the worst parts of the incident for you?”

Symptom Phase:
• “What has life been like for you since the event?”
• Or, “What signals of distress have you noticed in yourself since this happened?”
Teaching Phase:
• Normalize reactions, as appropriate
• Teach key stress management skills
• Emphasize taking care of self

Re-Entry Phase:
• Summarize key points, “lessons learned”
• Offer cognitive reframe if useful to facilitate closure
• Foster group cohesion

5 PHASE CISD
For line of duty death and suicide of a colleague. Conduct on day of death.

• INTRODUCTION
• FACT
• AFFECT
• TEACHING
• RE-ENTRY

MAIN GOALS
• Equalize the information in the group
• Prepare participants for impact of funeral
• Identify those who may need more assistance
SAFER - R MODEL OF INDIVIDUAL CRISIS INTERVENTION

Stabilization:

• “Hello, my name is...”
• “I’m from...”
• Ask about basic physical and safety needs
• Attempt to remove any unsettling cues in the immediate environment

Acknowledgment:

• “What can you tell me about what happened?”
• “How are you dealing with all of this?”
• Don’t insist that people disclose if they are not so inclined

Facilitate Understanding:

• “I’m sorry this has happened...”
• “Sounds like it’s a very difficult time for you right now.”
• “Can you tell me how distressed you are right now?”
• “Although this is obviously very painful, you should know that your reactions are pretty normal and consistent with what we would expect after the events you’ve gone through.”
• Or, “Although your reactions are similar to what we would expect, I’m concerned about...”
• Or, “You may be wondering why you are reacting so severely to this situation, my sense is...”
SECTION 6 (Continued)

Encourage Effective Coping:
• “How can I help you right now?”
• If the person is unsure, consider using one or more of the following interventions:
  1) Explanatory
  2) Anticipatory guidance
  3) Stress management info
  4) Reappraisal
  5) Creation of a problem-solving plan
  6) Merely a supportive presence

Restoration of Functioning or Referral for Continued Care:
• “How are you feeling now after our talk?”
• The key to this stage is to assess if the person can perform all the activities that are necessary and/or discharge their essential obligations
SECTION 7
RECOGNIZING SUICIDAL RISK

S - Sex (male / female)
A - Age (15-34) 64+
D - Depression

P - Prior history (80%) had prior
E - Ethanol / Alcohol
R - Rational thinking loss
S - Support system
O - Organized plan
N - No significant other
S - Sickness – terminal illness

I - Ideation
S - Substance abuse

P - Purposelessness
A - Anger
T - Trapped
H - Helplessness

W - Withdrawn
A - Anxiety
R - Recklessness
M - Mood change
SECTION 7 (Continued)
HELPING THOSE THAT ARE SUICIDAL

A - Acknowledge
C - Care
T - Treatment

A - Ask big questions
I - Intervene immediately
D - Don’t keep it secret

L - Locate help
I - Inform
F - Find resources
E - Expedite immediately

NATIONAL SUICIDE PREVENTION LIFELINE:
1-800-273-8255
SECTION 7 (Continued)

5 P’S OF CRISIS MINISTRY

- PRESENCE
- PERCEPTION
- PROVISION
- PRAYER
- PERSISTENCE

SIGNS COPING MECHANISMS ARE BREAKING DOWN

I - Isolation
E - Exhaustion
D - Depression