For starters…

This is a 3-day intensive course designed to provide training in individual and group crisis intervention under the context of Critical Incident Stress Management (CISM).

Despite its intensity, the course is considered foundational in nature—other advanced courses are offered.

It is the fusion of two courses: Assisting Individuals In Crisis, and Group Crisis Intervention.
Course goals

Understand the nature & definitions of a psychological crisis and psychological crisis intervention.

Understand the Johns Hopkins’ resistance, resiliency, recovery continuum.

Understand the nature and definition of CISM, its six factors, and its role as a continuum of care.

Course goals

Practice basic crisis communication techniques.

Be familiar with common psychological and behavioral crisis reactions, including empirically-derived predictors of posttraumatic stress disorder.

Understand the mechanisms of action in psychological crisis intervention.

Course goals

Practice the SAFER-Revised model of individual psychological crisis intervention.

Understand how the SAFER-Revised model may be altered for suicide intervention.

Understand and practice informational group crisis intervention (RITS, CMB).
Course goals

Understand and practice *interactional* group crisis intervention (defusings, CISD).

Understand principles of strategic planning.

Understand and discuss the risks of “harm” associated with psychological crisis intervention and will further discuss how to reduce those risks.

Be mindful…

Sometimes during the course the sharing of human trauma and disaster may be distressing to individuals—that is not by intention or design…

If you are uncomfortable at any time during the exercises, please notify the Instructor that you’ll be “sitting this one out”…

No harm, no foul 😊

International Critical Incident Stress Foundation

The ICISF was started out of the need to provide a:

- **COMPREHENSIVE**
- **INTEGRATED**
- **SYSTEMATIC**
- **MULTI-COMPONENT**

system to individuals and groups affected by critical incident stress. By providing "emotional first aid," via" a proven and effective program, the trained CISM team member can provide immediate, evaluation and performance.
Why do we need this?

Disasters may create significant impairment in 40-50% of those exposed

- 50% of disaster workers, military, and public safety personnel are likely to develop significant stress during their career...

Iceberg effect

Effects of TERRORISM (and disasters) create more psychological casualties than physical casualties (80/20 effect)

Crisis intervention

A short-term helping process…
Acute intervention designed to stabilize and mitigate the crisis response…
A conduit of information & research…
NOT psychotherapy…
The need for Crisis intervention

PTSD in:
- Vietnam Veterans = 16% (reported)
- Iraq War Veterans = 12% (reported)
- Law Enforcement = 10-15%
- Fire Suppression = 10-30%

As many as 45% of those directly exposed to disasters may develop PTSD or depression.

The need for crisis intervention

TERRORISM IS LIKELY TO ADVERSELY IMPACT MAJORITY OF POPULATION, (Ranges from 40-90%)

Over 80% Americans will be exposed to a traumatic event (Breslau study)

About 9% of those exposed develop PTSD (40-70% in violent crimes) (Surgeon General, 1999)

Terrorism: A special case

Terrorism from different perspectives:

- **Law Enforcement** - thought of as the premeditated and unlawful use or threatened use, of force of violence as a coercive or punitive agent
- **Military** - represents war waged against widespread that they are supposed to protect
- **Psychological/behavioral** - psychological warfare. The psychoactively toxic mechanism inherent in terrorism is demoralization. Its behavioral corollary is capitulation.
Most stressful jobs
2017-Forbes Magazine

1. Enlisted military personnel
2. Career firefighter
3. Airline pilot
4. Police officer
5. Event coordinator
6. Newspaper reporter
7. Senior corporate executive
8. Public relations executive
9. Taxi driver
10. Broadcaster (TV, radio)

Term to know

Critical Incidents – unusually challenging events that have the potential to create significant human distress and can overwhelm one’s usual coping mechanisms. There are three types of Critical Incidents that first responders answer in public safety:

Three Types of Critical Incidents

Emergencies
Disasters
Catastrophes

In any given incident, psychological victims usually outnumber physical victims...
Distress leads to crisis

The DISTRESS caused by a CRITICAL INCIDENT is called a PSYCHOLOGICAL CRISIS. (These can be caused by emergencies, disasters, catastrophes, traumatic events, terrorism, and even personal crisis.) The CRITICAL INCIDENT is the stimulus, and CRISIS is the response. First responders experience an “Act-React” as a coping mechanism.

Psychological Crisis

An acute RESPONSE to a trauma, disaster, or other critical incident wherein:
- Psychological homeostasis (balance) is disrupted, indicated by increased stress
- Individual’s usual coping mechanisms have failed
- There is evidence of significant distress, impairment, and/or dysfunction

Crisis intervention: KEY POINTS

What it is: Based on psychological/emotional “first aid”. A short-term helping process. Acute intervention designed to mitigate the CRISIS response.

What it is NOT: Psychotherapy, nor a substitute for therapy. There is a limit to its effectiveness.
Crisis Intervention has a long history developed along two evolutionary pathways:

- Military psychiatry
- Community Mental Health

Intervention is designed for identifiable times, audiences, and conditions, and follows a multi-phasic method (albeit flexible in delivery...)

Military Foundations

Crisis Intervention has evolved since WWI (1919) and involves these factors:

- Proximity
- Brevity
- Simplicity
- Expectancy
- Practicality
Proximity and Immediacy

Meeting the needs close to the person or group’s familiar surroundings (as long as it is safe).

Help must come in a timely manner to the affected individual or group.

Expectancy and Brevity

People in a state of crisis are vulnerable to hurt; they are also more open to modes of help and relief.

No one has an lavish amount of time when in crisis, therefore any support services must be brief.

Simplicity & Innovation

Simple, well thought out interventions have the greatest potential to help.

Every crisis is different, thus each intervention should be able to be flexible in its delivery.
Practicality

Impractical solutions are not solutions; they contribute to more problems and prolonged crisis reactions and mental distress.

Foxhole Treatment

Most effective (military) intervention during WWI & WWII was done while still within “earshot” of the causal event.

Recognition of exhaustion and fear notwithstanding, if removed completely would show “weakness in character.”

The soldier’s expectation of outcome led to a positive recovery from wartime mental trauma.

Intervention must be done within certain time parameters to be most effective to avoid entrenchment of the syndrome.

Returning to Duty

When a soldier with symptoms was treated away from the “front”, only 25% of such casualties returned to duty (combat).

When treatment principles were later applied it resulted in 70-80% of combat psychiatric casualties returning to duty.
Community Mental Health

Early intervention:

• May reduce need for more intensive or extensive psychiatric care
• May mitigate acute distress
• Crisis intervention may reduce alcohol use and dependence, PTSD symptoms, major depression, somatization disorder, anxiety disorder, and global impairment, compared with comparable individuals who did NOT receive intervention

Pre-incident education is key to success

Community Mental Health

Twenty+ year analysis of ASAP CISM has proven consistent POSITIVE effectiveness in most disciplines—where and when used correctly and administered properly. (KEY POINT)

At six-month, one-, and two-year anniversaries of September 11th, phone survey indicates that CISM methods had a beneficial impact across a variety of demographics and occupations (versus individuals and groups who did not receive interventions)

• Were you in NYC on September 11th?
• Did you have access to counseling care? Did you access it?
• Did that help you get through this crisis better?

Resistance, Resilience, Recovery

An outcome-driven continuum of care

Create Resistance
Enhance Resilience
Speed Recovery

(Johns Hopkins Center for Public Health Preparedness)
Resistance

The ability of an individual, group, organization, or even an entire population, to literally resist manifestations of clinical distress, impairment, or dysfunction associated with critical incidents, terrorism, and even mass disasters. May be thought of as a form of psych/behavioral immunity to distress and dysfunction.

**Resistance** may be best built via pre-incident/pre-deployment training.

Resilience

The ability of an individual, group, organization, or even an entire population, to rapidly and effectively rebound from psychological and/or behavioral disturbance associated with critical incidents, terrorism, and even mass disasters.

Best enhanced by early psychological intervention (i.e., response-oriented crisis and disaster mental health intervention or CISM).

Recovery

The ability of an individual, group, organization, or even an entire population, to literally recover the ability to adaptively function both psychologically and behaviorally, in the wake of a significant clinical distress, impairment, or dysfunction subsequent to critical incidents, terrorism, and even mass disasters.

Recovery is most likely with treatment and rehabilitation programs (EAP, mental health professional aid).
Common Psychological Behavioral Reactions

**Stressed Out?**

**Stress Types**
- **Eustress** (Positive, motivating stress)
- **Distress** (Excessive, debilitating stress)
- **Dysfunction** (Impairment)

**Three stress reactions**
- Instinctual responses kick in…
  - FREEZE
  - FLIGHT
- Training response…
  - FIGHT
Common Stress Response Syndromes

**Normal Stress Path** (General Stress)
- All affected
- Normal Coping Mechanisms (Manageable)

**Pathological Path** (Cumulative Stress)
- Piles up
- Takes time & involvement
- Long-term exhaustion & diminished interest (burnout)
- Destructive (if unresolved)
- Changes in health, performance, relationships & personality

Resolution
Referral/Treatment

Critical incident Stress Response Syndromes

**Normal Stress Path** (Critical Incident Stress)
- Event Occurs
- Normal Coping Mechanisms
- Painful
- Interpretation, reasoning

**Pathological Path** (PTSD)
- Event Occurs
- Intrusion on normalcy
- Avoidance (if not resolved)
- Arousal, Irritation
- 30+ days still affected
- Disruption to normalcy in life activities

Resolution
Referral/Treatment

Signs & Symptoms of Stress

- **COGNITIVE** (Thinking domain)
- **EMOTIONAL**
- **BEHAVIORAL**
- **PHYSICAL**
- **SPIRITUAL**
Cognitive Distress

- Sensory distortion
- Inability to concentrate
- Difficulty in decision making
- Guilt
- Preoccupation with event
- Confusion
- Inability to comprehend consequences of behavior

Cognitive Dysfunction (severe)

- Suicidal or Homicidal proposals
- Paranoid fixation
- Persistent reduced problem-solving
- Dissociation with routine and sphere of contacts
- Hindering guilt
- Hallucinations & delusions
- Ongoing hopelessness and helplessness

Emotional Distress

- Anxiety
- Irritability
- Anger
- Mood swings
- Depression
- Fear, phobia, phobic avoidances
- Post traumatic stress (PTS)
- Grief

Grief
Emotional Dysfunction (Severe)

- Panic attacks
- Child-like emotions in adults
- Immobilizing melancholy and depression
- Post traumatic stress disorder (PTSD)

Behavioral Distress

- Impulsiveness
- Risk-taking
- Excessive eating
- Sleep disturbance
- Hyper startle
- Alcohol/drug use & abuse
- Withdrawal
- Family discord
- Crying spells
- Hyper vigilance
- ‘Deer in headlights’ & ‘1000 yd stare’

Behavioral Dysfunction (severe)

- Violence
- Antisocial acts
- Abuse of others
- Diminished personal hygiene
- Immobility
- Self-medication
Physical Distress

- Tachycardia or bradycardia
- Headaches
- Hyperventilation
- Muscle spasms
- Psychogenic diaphoresis
- Fatigue/exhaustion
- Indigestion, nausea, vomiting

Physical Dysfunction (Severe)

- Chest pain
- Persistent irregular heart rhythm
- Cont’d dizziness & lightheadedness
- Seizure
- Recurrent headaches
- Blood in body fluids
- Collapse or ALOC
- Numbness or paralysis (arm, leg, face)
- Lack of ability to speak or understand speech

Spiritual Distress

- Anger at God
- Withdrawal from faith-based community
- Crisis of faith
Spiritual Dysfunction *(severe)*

- Stop practicing faith
- Becoming anti-faith
- Religious hallucinations and visions
- Delusional

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PTSD defined

PTSD Diagnosis includes:

- Four different types of symptoms:
  - Re-experiencing symptoms—sometimes called "reliving the event"
    - Flashbacks, nightmares, a small sound that triggers the memory of the event(s)
  - Avoidance symptoms
    - Avoiding situations that possibly could remind one of the event(s), e.g. avoiding driving because of a vehicle accident
    - Over busy-ness to avoid thinking or talking about the event(s)
  - Negative changes in relationships and views or beliefs
    - Relational changes because of lack of trust in others
    - Paranoia thinking—the world is a dangerous place
  - Hyperarousal or being "keyed up"
    - Difficulty sleeping or concentrating
    - Hypervigilance, e.g. always sitting with back to a wall
PTSD results from violation of:

- Extreme physical pain
- Expectations
- Deeply held beliefs
  - (Worldview)
    - belief in a fair & just world
    - need to trust others
    - self-worth, self-esteem
    - need for predictable and
      safe world
    - spirituality and belief in
      order in universe

Not always apparent…

PTSD Questions

- Ask about nature and severity of exposure
- Ask about peri-traumatic dissociation ("woulda, shoulda, coulda")
- Ask if sincerely believed that they were going to die
- Ask their opinion on the severity of the event (are they catastrophic?)
- Ask about any physical injuries
- Ask about being an witness to severe injury or death
Who does PTSD affect?

PTSD Occurrence

- Suburban Police: 15%
- Firefighters: 10%
- Military Veterans: 30%
- Rape Adults: 35%
- Batter Women: 15%
- Abused Children: 50%

Critical Incident Stress Management

“A comprehensive, phase sensitive, and integrated multi-component approach to crisis/disaster intervention”

How to deliver the best help to the most people distressed by the crisis… (how to be the most effective to the affected)

This requires pre-incident preparation, planning, and having a ready CISM Team…

Six Core Elements of CISM

- Strategic Planning
- Resilience (through education)
- Individual Crisis Intervention
- Informative Group Crisis Intervention
- Interactional Group Crisis Intervention
- Assessment & Triage
## Crisis intervention elements

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<td>5. Monitor progress and adjust the plan as needed</td>
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**Imp. de:** Informational description of each step.
Crisis intervention elements

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<tr>
<th>Phase 1: Field Support</th>
<th>Phase 2: Immediate</th>
<th>Phase 3: Mid-Term</th>
<th>Phase 4: Long-Term</th>
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<tbody>
<tr>
<td>Demobilization of personnel</td>
<td>IMPS (Immediate</td>
<td>Demobilization of personnel</td>
<td>CPR (Crisis</td>
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<tr>
<td>Debriefing &amp; Support</td>
<td>Support)</td>
<td>CPR (Crisis</td>
<td>Response)</td>
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</table>

...and always follow up!

Anytime, and ALWAYS done

- Affected individuals and groups, when possible
- Assess mental status, access higher level of care (if needed)
- Assign individuals from Group crisis interventions to Team

New Terminology

- Demobilizations - now referred to as RITS (Rest Information Transition Services)
- United Nations ONLY terminology:
- Defusings - Immediate Small Group Support (ISGS)
- CSD (Debriefing) - Powerful Event Group Support (PEGS)
The challenge in crisis intervention is not only developing **tactical skills** in the "core intervention competencies" (Individual/Peer/Group Crisis Intervention), but is in knowing when to best **strategically** employ the most appropriate intervention for the situation.

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**Strategic Planning Exercise**

- **THEME**: What are some common signs & symptoms that the affected are sharing?
- **TARGETS**: Who should receive services? Identify target individuals and groups.
- **TIMING**: What interventions should be used? Are there groups or individuals affected?
- **TIMING**: When should the interventions be implemented? Where conducted?
- **TEAM**: What intervention resources are available to be mobilized for what target individuals and groups? Consider internal and external resources.
The Ripple Effect

In your Strategic Planning, try to prioritize the MOST affected (center of circle), then continue outwards to include individuals & groups needing attention…

Crisis Communication Techniques

- Silence and Nonverbal Behavior
- “Mirror” Techniques
- “Dot” Questions
- Action Directives

Be a conversationalist!

- Have follow-up ??, but stay engaged with current information being shared
- Listen for common themes of S&S
- Watch for how an affected person sees himself in relation to the event
Non-verbal communication sends a powerful message. Often, the first impression you make is based upon how you look and act. The challenge is how to make that impression useful in the service of crisis intervention.

Obstacles to listening well
- Comparing yourself to speaker -- who has it worst?
- Anticipating without listening to speaker
- Judging what the speaker is saying, or how they are saying it
- Recalling your own memories, and turning the focus to yourself
- Interrogating the speaker… very uncomfortable
- Displaying poor body language
- Preoccupation with electronics, surroundings

Questions…
- Closed Questions that can be answered "Yes" or "No"
  Start off with "do you..., don't you..., was it..., were you..., is this..., isn't this..., did"
- Open Questions that need more information to be conveyed in the answer...
  Start off with "who, what, where, when, why, how?"
‘Mirror’ Techniques

Effective when spaced throughout breaks in the conversation...

- Confirm that the information shared is the information received
- Opportunity to reflect and comprise thoughts
- Conveys empathy to listener

Summary Paraphrase

- Summarize speaker’s main points by using your own words
- Insert when there is a purposeful pause in the conversation
- Common openers: “So, in other words…”, or “Sounds like…”, or “What I’m hearing you say is…”

‘Dot’ Questions

- Questions designed to take stressors/problems/situations confronting the victim and presenting them in a manner that the victim can recognize and use them in problem solving (connecting the “dots”)
- Brings victim closer to “normal” by step-by-step problem resolution; helps by building coping mechanisms for future crisis situations.
Reflecting Emotion

- Based upon verbal or nonverbal cues
- Attempts to accurately label the experienced emotion of the other person ("that seems like it made you sad...")
- Builds empathy & rapport
- Encourages openness and ventilation in conversation
- Helps defuse anger

Action Directive

Statements that suggest that the hearer perform a specific type of action, or that a problem-solving plan should be initiated. This can also be a form of encouragement...

If CISM team member suggests an action directive, they assume part of the responsibility for the suggestion and the potential outcome (good or bad...)

How do we know what to teach?

- Standard information is the diet, exercise, alcohol/medication use, routine, rest & relaxation that we intersperse throughout interaction.
- THEMES are commonalities that arise during the crisis intervention—Individual and Group—that dictate where your Information/Teaching is focused.
‘Diamond’ Structure

- Begin asking closed-ended (YES & NO) questions to establish facts.
- Move to open-ended questions giving opportunity to "flesh out" their thoughts & story.
- Reflect emotions to react and validate.
- Use paraphrases and summaries to cover key points.

What do people need?

- Basic physical needs & Safety: START HERE WITH CRISIS INTERVENTION
- Affiliation & alliance: MOST INTERVENTIONS END HERE
- Self-esteem: COMMON MISTAKE TO WORK HERE

Cheesy Analogy

- [Image of an elephant and a hippopotamus]
Do No Harm

- The **majority** of individuals will not need formal psychological intervention, beyond being provided relevant information.
- Keep the focus on the **individual** rather than the crisis or event.
- Encourage **normalization** of responses, but do not dismiss serious crisis reactions.
- Intervention should **ALWAYS** be voluntary; threat to self or others excepted.
- Encouragement to share should be at the comfort level of the individual.
- Avoid disrupting natural recovery and coping mechanisms that work (for individuals and groups).

Questions come from TWO angles…

(Generally)

**About the EVENT**
- What happened?
- Who was injured/killed?
- How could this happen?
- Could it have been prevented?
- What is being done now?
- Can it happen again?
- Why?

**About SELF or OTHERS**
- Will this change me?
- Can I recover/cope from this?
- Who else has been affected?
- What help can I get, or give?
- How long will I be affected?
- Am I the only one that is reacting in this way?

What to say at funerals...

(to immediate family)
- Respect/honor to lost one
- Condolences
- A brief story/anecdote about lost one
- Silence (while they respond)
- Move on…
Phrases to AVOID!

- “I know how you feel”
- “It’s not that bad”
- “This was God’s will”
- “Others have it a lot worse”
- “You need to move past this…now”
- “You did the best you could” (unless they have expressed this)
- “Suck it up and quit crying”
- “God wouldn’t give you more than you could handle.”
- “The worst is over…”

SAFER-R Model

- **S** Stabilize-introduction, meet basic needs, mitigate acute stressors
- **A** Acknowledge the crisis-event, reactions to event
- **F** Facilitate understanding-normalization
- **E** Encourage effective coping-mechanisms of action
- **R** Recovery and Referral-functionability, facilitate access to continued care

SAFER-R Model in Practice

- Introduce yourself
- Meet basic needs, stabilize
- Listen to the “story” (events and reactions)
- Reflect emotion
- Paraphrase content
- Normalize
- Attribute reactions to situation, not personal weakness
- Identify personal stress management tools to empower
- Identify external support and coping resources
- Use problem-solving or cognitive reframing, if applicable
- Assess person’s ability to safely function
- Set a follow-up date or refer to mental health professional
Crisis Communication Exercises

During exercises try to talk to other students that you do not know too well.

Move to a part of the room or grounds where you can have a good conversation.

Questions for Individual Interventions

- Have you identified support resources for the affected?
- Did you ask about stressful situations in their past?
- Did you hear current concerns?
- Were there questions that affected did not answer? Questions that triggered emotions, memories, or reactions?
- Did you ask for one thing that the affected is going to do to help them through this crisis?
- Did you explain what CISM is and is not? (not psychotherapy…)
- Did you help a person find coping mechanisms they already possess by walking them through “dot” questions?
- What did you find was the easiest part of one-on-one interventions?
- What did you find was the hardest part of one-on-one interventions?
- Were moments of silence used as tools in the conversation? Rephrasing? Summaries?

Suicide: A Special Case

- Helplessness
- Hopelessness
- Extreme guilt
- Previous attempts
- Severe illness or disability (mental or physical)
- Psychosis (impaired reality)
Suicide: C-C-D-R Intervention

- CLARIFY
- CONTRADICT
- DELAY
- REFER

Suicide intervention

CLARIFY: “Do you really want to die, or do you simply want to change the way you live your life?”

CONTRADICT:
- Desired outcome will not be achieved
- Suicide will create more problems than it solves
- Suicide creates an adverse and undesired “ripple effect” that continues on in those that are left behind

DELAY: Through one of the methods, engage in conversation, but start to make the contact to local authorities...

REFER: Always assist in accessing higher level of care
Peer Support
A special kind of crisis intervention

At the core of psychological healing resides an “anti-demoralizing effect”—Jerome Frank, PhD, MD
The ability to engender this effect in others is often based upon one’s abilities of interpersonal “influence” (persuasion)
“Ethos,” i.e. credibility, is one of the three core elements of interpersonal influence—Aristotle
(ethos, pathos, logos)

Bottom line—Peers have an “ethos” that no academic training program can create…

Peer support & intervention

The provision of crisis intervention services by those other than mental health clinicians and directed toward individuals of similar key characteristics as those of the providers.

Practice used extensively in military, law enforcement, fire, and EMS to much success in mitigating stress due to incidents.

Use peers when…

Recipient group is specially trained/educated
Group possesses a unique culture
Group acted as a team or component of team
Group members perceive themselves as unique, little understood, misunderstood
Group extends minimal trust to those outside the group
Generally not necessary with groups from general populations of primary victims

DOES THIS SOUND LIKE ANYBODY YOU KNOW? 😊
Benefits of a Peer Support Team

- Part of the organization
- Rely on the desire to help coworkers
- Know the stressors of the job
- Politically neutral—should be able to work with labor and management
- Familiar with EAP/extended health programs
- Reduces "mental health" days off work

CISM Peer teams

**KEY components**
- Confidentiality
- Team integrity
- Self-referral
- Promoters & supporters of CISM
- Longevity
- Willingness

Emergency Services "Terrible Top Ten"

1. Line of duty death
2. Suicide of a colleague
3. Serious work related injury
4. Multi-casualty, disaster and terrorism incidents
5. Events with a high degree of threat to personnel
6. Significant events involving pediatrics
7. Events in which the victim is known to the personnel
8. Events with excessive media interest
9. Events that are prolonged and have a negative outcome
10. Any significant, powerful, overwhelmingly distressing event
Group crisis intervention

**Informational Group CI**
- Rest, Information, Transition Services (RITS)
- Crisis Management Briefing (CMB)
- Rest & Rehab Centers (can be used with heterogeneous groups)

**Interactive Group CI**
- Defusing
  - 3 phases, within 24 hours after event
- Critical Incident Stress Debriefing (CISD)
  - 7 phases, 1-10 days after event

CISM team Cautions

- Focus needs to be kept on the individual more so than the event
- Normalize the response (“you’re a normal person…”), but don’t dismiss serious reactions
- Participation should be voluntary, not mandated
- Careful to not interfere with natural recovery
- Let individuals speak ONLY if they desire to speak

**Informational Group CISM**

- Designed for operations personnel, not general public
- Group information process at end of each working period
- Significant event, i.e. earth-quake, terrorist attack, major search, large wild land fire, natural disaster
- CISM Team services
Informational Group CISM

Crisis Management Briefing (CMB)

- Designed to provide info, educate & inform on CISM
- Can be used in varied populations
- Promotes sense of leadership, reduces chaos, control rumors
- Enhances credibility
- Supports community and cohesion

Crisis Management Briefing Exercise

Crisis Management Briefing Education

Anticipate common reactions expected in affected and peripheral groups…mention them in the pre-briefing
Talk about techniques of getting through the tragedy that one can practice individually…and techniques in helping those around them
What and what NOT to say…
Respite & Rehab Centers
(Pictured-St Paul’s Chapel, NYC)

- On going events (e.g. September 11th, Gulf Oil Spill)
- Provides R&R for rescue workers, assistance for civilians in need
- Usually a food and fluid replacement unit
- Need to keep workers and civilians separated (different needs, issues)

Interactional Group CISM

- More efficient as an intervention tool (more individuals involved=more pieces of the puzzle)
- May increase group cohesion and productivity
- May utilize different tactics from individual intervention
- Groups that function together heal together

Therapeutic Factors in Groups

- Impart information
- Instill hope
- Unselfish service (support of CISM Team) to those in crisis
- Corrective summarizing of events
- Use socializing techniques
- Initiate curative behaviors
- Interactive group learning
- Group cohesiveness
- Catharsis or relief of strong emotions
- (Irvin D. Yalom, 2005)
What groups need help?

Three types of GROUPS:

- **Primary groups**—very homogeneous, and eyewitnesses to incident (Interactional group CISM works best with these groups)
- **Secondary groups**—some familiarity, had proximity to affected (Informational group CISM works well here)
- **Random groups**—very little in common, but affected by incident because of some knowledge (Informational group CISM may be offered to this group)

Introduction

- Sets the tone for entire group session
- Can cover some GR (“This interactive group is for…”—identifying participants)
- Clarifies what CISM is and what it is not (Team limitations)
- Assures affected that Team has knowledge and skills
- Assures affected of order and safety in sharing

Defusing

- Time frame: within 12-48 hours post-event (as soon as 2-4 hours after event)
- Group must have had time for nutritional and physical break from event
- CISM team is usually peer group (or like profession) or chaplains
- 20 minutes to one hour in length
Defusing Goals

- Set expectations, provide information
- Identify those who need additional support, or if group needs CISSD (later date)
- Identify natural support within group
- Normalization & lower tension

Defusing Phases

**Introduction**
- Scope of crisis
- Need for intervention
- Development of crisis
- Office of Counseling and Psychological Services

**Exploration**
- Setting up a support group

**Information**
- Case study
- Group dynamics
- Group norms
- Goals and outcomes

Defusing Exercises
Debriefing (CISD)

- Time frame: 24 hours to 10 days after event
- Seven-step process lasting 90 minutes to 3 hours
- Peer CISM team, mental health professional led
- Follow-up is crucial for closure or referral
- Can be used for homogeneous groups only (few exceptions)

CISD 7 Step Method
(Mitchell Model)

Debriefing Phases

COGNITIVE
INTRODUCTION
FACT
TEACHING
SYMPATH
REACTION
AFFECTIVE
RE-ENTRY
Debriefing Phases clarified

**COGNITIVE**
- Introduction & Ground Rules
- Brief Situation Review
- Initial Impressions of the Incident
- Aspect causing most personal distress

**AFFECTIVE**
- Stress Management and Recovery Process
- Signals of Trauma

CISD Team positions

- Lead
- Support
- Doorkeeper

Post action staff support

We do this to prevent vicarious traumatization, accumulated stress, and self-criticism...
We do this to inform on what we can do to work better to those we serve...
We must “practice what we preach” and take care of ourselves...
Post Meeting

- Debrief the debriefers—Everybody OK?
- Anything that could or should have been said?
- Anything that should NOT have been said?
- Anything the team could have done to make it better?
- What is each team member going to do for themselves?
- Assign follow-ups.

REMEMBER!

CISM is not a substitute for psychotherapy, merely a start to a continuum of care for the victim(s) of stress, PTSD, and critical incidents. It serves as one element within an emergency mental health system designed to precede and complement further care.

Dr. George Everly’s Resiliency Lessons

- Recognize the value of friendship and support of others. The greatest gift you can give is the one you cannot afford (pay it forward…).
- Learn to take responsibility for your actions.
- Learn to invest in your health.
- Learn to be optimistic.
- Learn the importance of faith.
- Live a life of integrity.
Time to try it out!

Questions?

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Where do you go from here?
Building a CISM Team

- **Theme** (Is there a reason we should have a team?)
- **Target** (Who should be able to receive services?)
- **Type** (What kind of intervention(s) should be used?)
- **Timing** (When is the proper time for intervention?)
- **Team** (What internal and external resources are available?)

ICISF evaluation

ICISF Evaluation