

## Critical Incident Stress 1:1 Cards

### Definition

- Crisis Intervention is emotional “first aid”.
- Post-traumatic stress is a normal reaction in a normal person to an abnormal event.
- Hazardous event → vulnerable state → precipitating factor → active crisis state → reintegration.

### Goal

- Acute stabilization.
- Mitigating critical incident stress.
- Mitigation/prevention of escalating distress.
- Provide opportunity for assessment of situation.

### Technique

*We want to provide our peers with an opportunity to let them tell their story.*

- Take time to actively listen. Encourage the individual to talk about their thoughts and reactions.
- Examine what brings the person to your attention.
- Offer eye contact.
- Validate their feelings – what’s important to them – even if it isn’t critical to you.
- Be self-assured.
- Encourage expression.
- Be calm and confident.
- Teach them stress management techniques.
- Give them something to do for themselves.
- **Follow-up.**

### SAFER Model

**S**tabilize the situation.

**A**cknowledge the crisis.

**F**acilitation of understanding.

**E**ncouragement of adaptive coping.

**R**estoration of independent functioning or referral for continued care.

Critical Incident Stress Defusing Cards

**Definition**

- A shortened version of a debriefing, usually 20-45 minutes in length.
- Provide within eight (8) hours of incident (1 to 2 hours if possible).
- A well-run defusing will accomplish one of two things:
  1. A defusing may eliminate the need to provide a formal debriefing.
  2. A defusing will improve the willingness of the personnel to communicate in the formal debriefing if one is necessary.

**Target**

Small groups of emergency workers, six to eight people. Multiple defusings for different groups of Emergency workers (fire fighters, police officers, paramedics, etc.) may be provided for the same incident.

*Example:* Engine Companies, Ambulance Crews, and Police Tactical Units.

**Before the Defusing**

- Confirm the location of the defusing.
- Have pre-defusing meeting with defusers.
- Meet with a representative to discuss impact issues.
- Post a “*Defusing in progress, Do Not Disturb*” sign.
- Evaluate the room designated for the defusing.

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| <p><b>GROUND RULES</b></p> <ul style="list-style-type: none"><li>● <b>CONFIDENTIALITY</b></li><li>● Participation is voluntary</li><li>● No notes, cameras, or media</li><li>● No rank</li><li>● No breaks</li><li>● Only persons involved allowed</li></ul> |
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**Goals**

- Mitigate the impact of the event.
- Accelerate the recovery process.
- Reduce cognitive, emotional and physiological symptoms.
- Assessment of the need for debriefings and other services.

**Process**

- Establish a non-threatening social environment.
- Allow rapid ventilation of the stressful experience.
- Equalize the information cells.
- Restore cognitive processing of the event.
- Provide information for stress survival.
- Affirm the value of the personnel.
- Establish links for additional support.
- Develop expectancies for the future.

**Defusing Component**

| <b>Introduction</b>   | <b>Exploration</b>   | <b>Information</b>   |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Facilitator introduction</li> <li>• State purpose</li> <li>• Motivate</li> <li>• Set rules</li> <li>• Confidentiality</li> <li>• Not investigation</li> <li>• Finish the process</li> <li>• State goals</li> <li>• Describe process</li> <li>• Offer additional support</li> </ul> | <ul style="list-style-type: none"> <li>• Ask personnel to describe what happened</li> <li>• Minimal clarifying questions</li> <li>• Experiences and reactions</li> <li>• Access need for more help</li> <li>• Reassure as necessary</li> </ul> | <ul style="list-style-type: none"> <li>• Accept – summarize their exploration</li> <li>• Normalize experiences and or reactions</li> <li>• Diet – avoid various substances</li> <li>• Rest – family life</li> <li>• Recreation - exercise</li> </ul> |

**Post-traumatic stress is a normal reaction in a normal person to an abnormal event.**

**Critical Incident Stress Debriefing Cards**

**Before the Debriefing**

- Confirm the location of the debriefing.
- Have pre-debriefing meeting with debriefers (15 mins.).
- Post a “*Debriefing in Progress, Do Not Disturb*” sign.
- Evaluate the room designated for the debriefing.
- Debriefers sit across from each other.
- Prepare resources and evaluation forms.
- Meet with a representative to discuss impact issues.

**Introduction Phase**

- **Introduce Peer(s) and Team Leader(s).**
- **Motivate Participants** (describe CISD benefits).
  1. Mitigates the impact of a traumatic incident.
  2. Helps healthy people deal with normal reactions to an abnormal event.
- **Describe the Process** (a group discussion of an event, this is not a critique or investigation!).

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**Fact Phase**

*Who was on scene first?  
 What did you do?*

*Your first name?  
 What did you see, smell, hear?*

*What was your role?  
 Who was next on scene?*

- A chronology of the event may be helpful.
- Paint a picture of the traumatic event.
- Lack of knowing all facts increases stress reaction.
- Keep the focus on the event’s facts and descriptions.
- Allow the pieces to fall into place (don’t hurry this part).
- Watch for cognitive and emotional reactions.

### Thought Phase

*After you stopped running on ‘autopilot’, what was your first thought?*

- Ask “reaction-oriented” questions.
  - Participants will likely share their cognitive reactions or “thoughts” first.
  - Transition between the Thought and Reaction phase may not be clear.
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### Reaction Phase

- Encourage emotional reactions.
- This may be a powerful phase.
- People will most often discuss:
  1. Fears, anxieties, concerns, feelings of guilt, frustration, anger and ambivalence.
  2. Allow **all** feelings to be expressed (look for the parts that people want to repress).
  3. Emotional expression is often the first step in learning to deal with the event.
  4. Revisit feelings expressed during the fact phase.

### Symptom Phase

*“What have you noticed about yourself since the event?”*

*“How is it for you now?”*

- Explore what the participants are experiencing now (for example: fear, guilt, anger).
- Ask how their life has changed - They may provide examples of distress signals, i.e. hypervigilance, change in routine, confusion, non-directed activity, restlessness.

**Cognitive:** Decreased concentration, cognitive function slowed.

**Emotional:** Moody, scared, irritable, feeling isolated.

**Physical:** Hyperactivity, muscle tension headaches, insomnia.

**Behavioral:** Risk taking, withdrawn, increased drug/alcohol use.

## Teaching Phase

***“Your reactions are a normal response to an abnormal event”***

Teach about the Stress Response Syndrome.

- Encourage behavioral actions:
  1. Reduce caffeine and alcohol; eat healthy foods (grains, fruits and veggies).
  2. Exercise, meditate, relax, get enough sleep, talk with others.
- Keep usual routines and structures.
- Avoid making any life-changing decisions for now.

## Re-Entry Phase

- Reinforce confidentiality.
- Encourage use of coping strategies.
- Talk to each other and use support systems  
Family, Peer Support, Clergy, EAP.
- Summarize the CISD.
- Distribute Information packets.
- Distribute your name and phone number.
- Adjourn debriefing, but stick around for a while in case anyone wants to talk to you privately.

### **Post Debriefing**

- Always debrief the debriefer
- Discuss organizational issues discovered
- Review the process – Start with positives
- What worked, what didn't work
- Allow debriefers to process reactions
- Assign follow-up activities if necessary