

K-LOVE

**CRISIS
RESPONSE
CARE**

TRAINING

A COMMUNITY SERVICE POWERED BY K-LOVE

KLOVE

**CRISIS
RESPONSE
CARE**

TRAINING

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klovecrisisresponsecare

“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

CrisisResponse.org
916-251-CARE

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.

INTRODUCTION

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***



SECTION 1

TYPICAL REACTIONS TO A
TRAUMATIC EVENT:

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

*Indicates need for medical attention

SECTION 2

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.

SECTION 3 *(Continued)*

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

SECTION 3 *(Continued)*

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.

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?”

SECTION 5 *(Continued)*

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

5 P'S OF CRISIS MINISTRY

- **PRESENCE**
- **PERCEPTION**
- **PROVISION**
- **PRAYER**
- **PERSISTENCE**

SIGNS COPING MECHANISMS ARE BREAKING DOWN

- I** - Isolation
- E** - Exhaustion
- D** - Depression