



# **CRITICAL INCIDENT STRESS MANAGEMENT**

## **RESOURCE GUIDE**

You have experienced a traumatic event or a critical incident (any incident that causes emergency service personnel to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later). Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reaction. It is very common, in fact quite **normal**, for the people to experience emotional after shocks when they have passed through a horrible event.

Sometime the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reaction usually passes more quickly. Occasionally, the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself or herself.

### Within the First 24-48 Hours

- \* Periods of physical activity (based on your physical condition and physical limitation), alternated with relaxation will alleviate some of the physical reaction.
- \* Structure your time - keep busy.
- \* You're normal and having normal reaction - don't label yourself crazy.
- \* Talk to people - talk is the most healing medicine.
- \* **Be aware of numbing the pain** with overuse of drugs or alcohol, you don't need to complicate this with a substance abuse problem.
- \* Reach out - people do care.
- \* Maintain as normal a schedule as possible.
- \* Spend time with others.
- \* Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- \* Give yourself permission to feel rotten and share your feeling with others.
- \* Keep a journal; write your way through the sleepless hours.
- \* Do things that feel good to you.
- \* Realize those around you are under stress.
- \* **Don't make any big life changes.**
- \* Do make as many daily decision as possible which will give you a feeling of control over your life, if someone asks you what to eat-answer them even if you're not sure.
- \* Get plenty of rest.
- \* Reoccurring thoughts, dreams or flashbacks are normal - do not try to fight them - they will decrease over time and become less painful.
- \* Eat well-balanced and regular meals (even if you don't feel like it).

## **For Family Members & Friends**

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- \* Listen carefully.
- \* Spend time with the traumatized person.
- \* Offer your assistance and a listening ear if they have not asked for help.
- \* Reassure them that they are safe.
- \* Help them with everyday tasks like cleaning, cooking, caring for the family, and minding children.
- \* Give them some private time.
- \* Don't take their anger or other feeling personally.
- \* Don't tell them that they are "lucky it wasn't worse" - that statement does not console traumatized people. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

***Here are some very common signs and signals of a stress reaction:***

**Physical**

fatigue  
nausea  
muscle tremors  
twitches  
chest pain\*  
difficulty breathing\*  
elevated BP  
headaches  
thirst  
visual difficulties  
grinding of teeth  
weakness  
dizziness  
profuse sweating  
chills  
shock symptoms\*  
vomiting  
fainting  
etc...

**Emotional**

anxiety  
guilt  
grief  
denial  
severe panic (rare)  
emotional shock  
fear  
uncertainty  
loss of emotional control depression  
inappropriate emotional response  
agitation  
apprehension  
feeling overwhelmed  
intense anger  
etc...

**Cognitive**

confusion  
poor attention  
poor decision  
heightened or lowered alertness  
poor concentration memory  
problems hyper vigilance  
difficulty identifying familiar objects or people  
rapid heart rate  
increased or decreased awareness surroundings  
poor problem solving  
poor abstract thinking  
loss of time, place or person, orientation  
disturbed thinking, nightmares, intrusive images  
etc...

**Behavioral**

change in society  
change in speech patterns  
loss or increase of appetite  
withdrawal  
emotional outbursts  
suspiciousness  
change in usual communication skills  
pacing  
startle reflex  
hyper alert to environment  
alcohol consumption  
inability to rest  
antisocial acts  
nonspecific bodily complaints  
erratic movements  
change in sexual functioning

**\*definite indication of the need for medical evaluation**

These are incidents that should require an “AUTOMATIC CALL OUT”. This means that a CISM team member should always be contacted for each of these events.

1. Line of duty death
2. Serious line of duty injury
3. Suicide of a co-worker
4. Multi-casualty incident
5. Shooting that ends with injury or death of a member

These are incidents that should require contact with CISM coordinator for recommendations for the appropriate intervention plan:

6. Death or violence to a child
7. A prolonged event, with negative results
8. Incident with extensive media attention
9. Knowing the victim of the event
10. Incident charged with profound emotion

## ***Crisis Intervention Strategic Planning Formula:***

- **“Threat”** (What specific “threat” is the focus of the intervention plan, eg, hurricane, bioterrorism, earthquake, etc?)
- **“Themes”** (Themes are factors which may serve to modify the psychological impact of the event or the intervention (child fatalities, mass disasters, biological contagion))
- **“Target”** (Who should receive services? ID target groups.)
- **“Type”** (What interventions should be used?)
- **“Timing”** (When should the interventions be implemented, with what target groups?)
- **“Team - Resources”** (What intervention resources are available to be mobilized, for what target groups, when?)

## SAFER-R MODEL

### SAFER-R MODEL for INDIVIDUAL CRISIS INTERVENTION

Crisis Intervention applications can be made easier by the utilization of simple models. The SAFER-R model is nothing more than a step-by-step model for working with individuals in crisis

#### The SAFER-R Model

- **Stabilize** (introduction; meet basic needs; mitigate acute stressors)
- **Acknowledge** the crisis (event, reactions)
- **Facilitate** understanding (normalization)
- **Encourage** effective coping (mechanisms of action)
- **Recovery or Referral** (facilitate access to continued care)

#### AN EXAMPLE

- Introduce yourself
- Meet basic needs, stabilize, liaison
- Listen to the “story” (events, reactions)
- Reflect emotion
- Paraphrase content
- Normalize
- Attribute reactions to situation, not personal weakness
- Identify personal stress management tools to empower
- Identify external support/ coping resources
- Use problem-solving or cognitive reframing, if applicable
- Assess person’s ability to safely function

## **THE CRISIS MANAGEMENT BRIEFING (CMB)**

### **OBJECTIVE**

Participants will integrate concepts learned and observe practical application through a demonstration group intervention. THE demonstration group intervention will also serve as a review of the Crisis Management Briefing (CMB)

### **DEFINITION**

Description (45-75 minutes)

Used with large groups of civilians, schools, businesses, industrial groups, community groups, military

Very much like the demobilization for operations personnel, but may involve more questions and comments from the non-operations participants

Primary purpose is to present information and reassurance, and instructions to the participants

# Setting up a CMB

Leader (also include a backup leader)

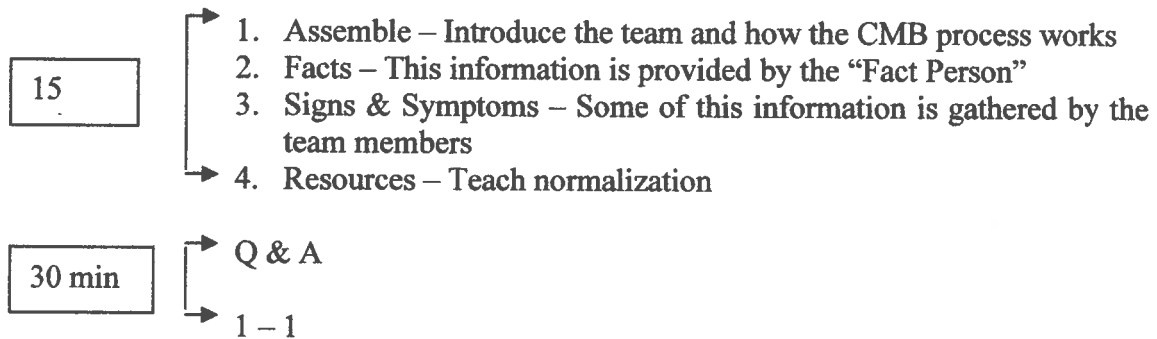
Mental Health

Gate-keeper

Teacher

Fact Person

## Four Parts of a CMB



Always do self-help for the team

Always do follow-up a few days later

You can use this type of intervention in a Roll-Call type of setting for departmental events

If you lose control in the Q & A phase: “I only have time for one more question” then close and go to One-on-ones.

# **Defusing**

## **Goals**

- A rapid reduction in the intense reaction to a traumatic event
- A “normalizing” of the experience so that people can return to their routine duties as quickly as possible
- An assessment of the personnel to determine if a full debriefing is necessary
- A re-establishment of the social network of the group so that people do not isolate themselves from each other, but instead sees that their reactions are similar to one another.

## **Defusing Components**

1. Introduction
2. Exploration
3. Information

## **Introductory Remarks for Defusing**

These remarks will help a CISM team to begin a defusing. It is not necessary to state each item. The needs of the group and their experience with previous group crisis intervention techniques may help to guide the CISM in starting the defusing. At times additional guidelines might need to be presented by the team. Do not read these guidelines to the participants. They should be conversationally presented by the team members.

- Hello, my name is \_\_\_\_\_ and I am a member of the CISM team. My partner in this defusing is \_\_\_\_\_ and we will work together to guide you through this brief conversation about the event you just experienced.
- Each of you has a little different view of the event and we want you to feel comfortable discussing your own experience of the situation. We are not here to critique the situation or your performance. So we are asking that you do not criticize your colleagues. If things happened that need to be corrected, they can be addressed in a different process than this one.
- We simply want to give everyone an opportunity to say what each person believes is important about this situation. Then we want to give you some useful information that will help you recover from the experience.
- No one has to talk.
- There is no specific order in this process. Speak up when you would like to add something to the conversation. Remember we want to do this as a positive, helpful manner that provides good information that ultimately benefits each of you.
- One comment you might make can clarify this experience for others in the group. This process is about unit cohesion and the ability to return to normal work. We find that when people talk about things, it often puts the experience in perspective and helps them to learn something that is useful in future circumstances.
- This process is not part of an investigation. It is for you and your unit. No reports are made to your supervisors. Only some suggestions about what might help your unit are given to the supervisors. What you say in this process will be held in confidence by the CISM team. We ask that each member of your group hold the information to themselves. Each of you needs to know that he or she can trust the other members of your group. You may speak to others as much as you choose. But, you may not speak about other people in your group. Please, no note taking.
- What we are doing today is "guided conversation". It is not psychotherapy nor is it a substitute for psychotherapy.

- We will not take very long to get through this process. We will stay as long as you need us to so we do not have to rush. These conversations usually last under an hour.
- If anyone would like to talk to either of us on the CISM team, we will be around for awhile after the sessions concludes.
- If we need to get together again later to help take the edge off this event, we are certainly willing to do that. We 'll decide on that after this session is over.
- It will help my CISM teammate and I to know a bit about what you went through so that we can give you the best information toward the end.
- If someone can give us a thumbnail sketch of the situation we would appreciate it.
- Sometimes it helps to know who got involved first and who came in next.
- We do not need a lot of detail. An overview will do. Sometimes we will need to ask a few questions so that we are clear about the main aspects of the situation.
- Okay, let's begin. Anyone who could give us an overview of the situation and what happened?

## **Introduction:**

- Facilitator introduces themselves and the team members
- State Purpose
- State the goal
- Motivate
- Set the rules
- Confidentiality
- Not investigative
- Finish the process
- Describe the process
- Offer additional support

## **Exploration:**

- Check physical condition of peer:
  - Alertness/breathing/body language.
- Participants talk only if they want to.
- Ideas for questions are:

*What happened?*

*Tell me a bit more?*

*What other things were going on?*

*What other details would you like to discuss?*

*"These are normal reactions to abnormal events",*

## **Information:**

- Accept/Summarize their exploration
- Normalize experience and/or reaction
- Teach multiple stress survival skills
- Diet
- Family life
- Recreation and exercise
- Other

# **Critical Incident Stress Debriefing**

## **Components:**

- 1. Introduction Phase**
- 2. Fact Phase**
- 3. Thought Phase**
- 4. Reaction Phase**
- 5. Symptoms Phase**
- 6. Teaching Phase**
- 7. Re-entry Phase**

## INTRODUCTORY REMARKS FOR CISD

The following remarks may be used by a CISM team to introduce a Critical Incident Stress Debriefing (CISD). It is not necessary to state each item in each CISD. These general remarks cover the main introductory points for the CISD. It is best that the concepts presented on this outline be given to a group in the words of the team. They should not be read to the group from these pages. At times, it may be necessary to add additional comments not shown here. This can be done at the discretion of the team. The order of the presentation of the items is not of major importance. What is important is that the CISM team presents the basic guidelines during the introductory phase of the debriefing.

- Team leader identifies self.
- We are here because of (describes or names the critical incident).
- Some of you do not want to be here. You feel you do not need a debriefing. Please remember even if you do not need help, others present here may. Please stay. You may be able to help some of the people in this room simply by your presence. Please try to be helpful to one another.
- These sessions often help to enhance a group's resilience, that is, the ability of the group to "bounce back" from the bad event like this.
- Some of you feel you can handle this on your own. That is probably true. However, experience demonstrates that people who try to handle everything alone take longer to do it.
- A critical incident is any event that is extraordinary and produces significant reactions in emergency personnel. The critical incident is so unusual that it overwhelms the usual, normal abilities that emergency personnel have to cope with a situation.
- The CISD (defusing) process is designed to lessen the overall impact of an event and to accelerate recovery in normal people who are having normal reactions to abnormal events.
- We have found that people who talk about a bad incident eat better, sleep better, remain healthier, stay on the job longer, and do not have as much disruption in their home life.
- The CISD (defusing) process is a discussion of an unusual event but it is not a critique or part of an investigation.
- A CISD is not psychotherapy nor is it a substitute for psychotherapy. It is only a group support process.

- No notes are allowed, No recordings allowed and No representatives of the media are ever allowed.
- Everything that is said in this room is confidential. **(Heavily emphasize confidentiality).** Nothing leaves this room.
- You will only be directly asked to speak two times in the CISD. The first time we ask each of you to tell us who you are, what your job was at the scene, and what happened out there. In the second question, we will ask if you could cite your first thought once you stopped functioning on automatic.
- You do not have to speak at any time if you do not wish to speak. However, we do not recommend that because it can do more harm than good. We recommend instead that you open up and talk about the incident.
- Remember, the people in this group are members of your unit. Something you say might help someone else in your unit.
- Our main job is to get you back in service and keep you as healthy and satisfied as possible. We are not here to take you out of service. We are here to listen to you and to help as best as we can.
- You may ask any questions you wish and we will try to help you out with some practical and useful information. Please ask any question anytime you wish.
- Please speak only for yourself. You cannot possibly speak adequately for how someone else is reacting.
- Remember, confidentiality is the key. We need to have a pact of trust between all of us; everyone has already been hurt enough. Do not use anything you learn or hear in this room except information the team teaches you about stress.
- We do not want anyone to make judgment on anyone else. Every person has his or her own perspective. Let each state it without judgment.
- We will not take any breaks. If you have to take care of your personal needs during the debriefing do so quietly and then return to this room. Leaving and not returning to this session may be harmful to you. Much of what we discuss at the end of the session is extremely valuable information, which may be helpful. We do not want you to miss it so please hang in there with us.
- Our team does not know all of you, so please do us a favor and look around the room and point out anyone who does not belong in this room. The CISD team members will briefly raise their hands so that you might more easily identify them. Anyone else who you do not recognize please point out and we will challenge that person's presence. If an officer were at the scene, he or she belongs here. In the case of line of duty death, the entire department belongs in one of these sessions.

- We will ask that the courtesies afforded to rank remain in effect, but we do not focus on a person's rank in these sessions. We are more concerned about how each person in this group is doing as a human being. Therefore a person's rank should not get in the way of participation in this discussion.
- Our greatest focus in these sessions is on your unit's cohesiveness and a return to healthy performance.
- We will be around at the end of the session. If you want to talk to us, feel free. We are here for you. Anything you cannot tell us in the group you are welcome to tell us alone.
- We will begin in just a moment by asking you to tell us about the incident.
- We would appreciate your turning off your pagers, cell phones and radios to help avoid distractions.
- One final reminder about *confidentiality* before we get into the facts of the situation. Let us keep whatever is heard here in this room confidential.
- We will have a handout or two at the end of the session.
- The next phase of the CISD, the fact phase, is now ready to begin.

# Critical Incident Stress Debriefing

## 1. Introduction Phase:

- Point out team members
- Explain the process and purpose of the meeting
- Announce first set of questions to come (fact phase)
  - ✓ Question 1: Who are you?
  - ✓ Question 2: What was your role or job during the incident?
  - ✓ Question 3: What happened from your point of view?
- Answer primary concerns and limit anxiety
- Encourage mutual help
- Explain rules and guidelines
- Advise strict confidentiality
- NOT PSYCHOTHERAPY OR AN INVESTIGATION

## 2. Fact Phase:

*Start at your RIGHT go around the circle*

Question 1: Who are you?

And

Question 2: What was your role or job during the incident?

And

Question 3: What happened from your point of view?

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- “Acknowledge emotions if present and reassure that it is expected”

### **3. Thought Phase:**

*Start at your RIGHT go around the circle*

Question: "What was your thought(s) when you finally came off of auto pilot or when you had a chance to take a break"?

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- Remember that this is a transitional phase of factual to feeling and what is close and personal emotions to the member
- The CISD team should be very alert during this phase
- There may be strong emotions which can grow intense
- Team members should validate or reassure these feelings

### **4. Reaction Phase:**

*THE QUESTIONS NO LONGER GO AROUND THE ROOM just ask the group ONE of the following questions*

Question: "What part of the event bothers you the most?"

*OR*

Question: "If you could erase one part of the situation, what part would you choose to erase? Something that sticks in your mind"

*OR*

Question: "What aspect of this causes you the most pain?"

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- This phase may initially be slow. The participants are fighting with the emotions they have begun to connect to the incident.
- This phase may last from 10-40 minutes.
- When the discussion lessens and additional attempts to bring out more does not happen, it's time to move to the next phase.

## **6. Teaching Phase:**

- Point out symptoms brought out by members earlier and assure that they are normal.
- All team members are very active during this phase.
- Point out that everyone did exactly what they were trained to do to the best of their ability and it is O.K. To feel like you should have done more!! “But remember that you did your job!”
- The group will be tired by this time.
- Be sensitive to this but you may ask:
  - ✓ Was there any small thing that happened during this incident that makes it just a little less painful?
  - ✓ Is there anything that gives you a little hope in the midst of all this pain and suffering?
- Basic Survival Skills:
  - Family connections
  - Exercise
  - Talk to people you trust
  - Stay active
  - Try to get some rest
  - Try to eat healthy
  - Etc.

### **AVOID:**

- Making major life changes
- Alcohol
- Caffeine
- Etc.

## **7. Re-Entry Phase:**

- Provide appropriate handouts.
- Clarify issues, answer questions, summary statements.
- Return group to normal functions.
- Summary comments are from the heart:
  - ✓ Use words of respect
  - ✓ Appreciation
  - ✓ Support
  - ✓ Gratefulness and direction.
- Participants may introduce any new material they wish to discuss, review old material.
- Discuss anything that may give them closure.
- After close of the debriefing, team members should make contact with those who may need something more than what the debriefing was able to do for them.

### HFD CISM Team List

<u>Name</u>	<u>Station</u>	<u>Shift</u>	<u>Phone #1</u>	<u>Phone #2</u>
David Ladd	83	C	235-8997	
Donald Gibson	94	B	334-9944	263-0246
Edward Causey	86	B	565-9698	371-7459
Eric Ehlers	99	C	301-1877	616-6924
Garret Dodrill	95	A	501-8145	
Greg Wesson	99	A	743-7124	453-9134
Israel Wilkinson	82	A	326-2347	567-9818
James Kultala	83	C	339-7840	
Jessy Rogers	97	A	528-2103	293-6268
Marie Moore	94	A	232-2067	397-8314
Kristine Viti	81	B	289-2452	
Lance Smith	82	C	285-9373	
Michael Coburn	97	C	630-5640	
Monica Manig	38hr	M-Th	480-8319	463-5677
Robert Lockwood	86	A	306-4468	
Sean Fox	98	A	837-3722	523-3178
Shane Splinter	98	A	374-7893	616-2529
Terry Wilferd	82	A	648-5411	339-5302
Timothy Smith	94	B	217-9423	269-0766
Torii Lehr	86	A	293-6984	
Travis Woods	98	A	845-5137	
Trent Sandoval	95	A	658-6031	278-9818