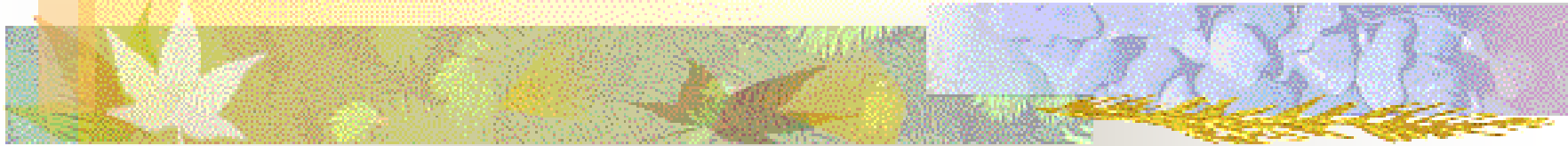


CISM

Critical Incident Stress Management



Cynthia Thomae, Ph.D.(C)., M.S., L.P.C., N.C.C., Az.C.S.C,
B.C.E.T.S., R.T.C.

Diplomat, American Academy of Experts in Traumatic Stress
Northwest Fire and Rescue



- JEFF MITCHELL

- ACUTE

- DELAYED

- CUMULATIVE

- HANS SELYE

- ALARM

- RESISTANCE

- EXHAUSTION



Hypothalamus-Adrenal Medulla

Fight or Flight

1. Adrenaline
2. Noradrenalin

More ongoing stress leads to...



Hypothalamus-Pituitary-Adrenal Cortex Stress Pathway

- Secretes...
- Glucocorticoids...95% Cortisol
Protein
Exercise
- Mineralcorticoids... 95% Aldosterone



Hypothalamus-Pituitary-Thyroid

- Secretes Thyroxin

T3

T4

Called the Thyroxin Axis, which is slower to activate, but the lasting effects create disease!



STRESSOR

Defense Mechanism (i.e. Denial & Repression)

TARGET ORGAN

STRESS RELATED DISEASE



TRIGGERS/Flashbacks

- Sights
- Sounds
- Smells
- Touch



MODELS

- Acute Traumatic Stress Management
- **On Scene Support**
- **SAFER-R**
- Demobilization
- Crisis Management Briefing
- Defusing
- Debriefing/ Formal, Disaster, LODD, **Children**
- Individual/ One on One Consult
- Follow-up Services



Trauma Listening

- Psychological alignment (Cognitive and/or Emotional).
- Mirroring or reflective listening.
- Listen for cognitive, emotional, behavioral, and spiritual symptoms.
- Assess how they are coping.
- Ask questions to obtain more facts and to obtain a better understanding.



On Scene Support/CISM

- Have CISM Team Member on scene to assess
 1. Scene Safety/ Cold/Warm/Hot Zone (know for triage)
 2. Observe/ Body Language 55%, Tone of Voice 38%, Words Spoken 7%
 3. Offer Support/Identify Future/Systemic Interventions/Here and Now/Follow-up Services (Cognitive Restructuring)
 4. District Crisis Team/ NWFD CISM Team/ Victim Witness/ARC



SAFER-R

- S- Stabilize the situation/ Remove victim
- A-Acknowledge/ Find out what happened
- F-Facilitate Understanding/ Normalize
- E-Encouragement of Adaptive Coping
- R-Recovery/Restoration of Independence
- R-Referral of other resources

Appraisal of the Event

Make a Critical Incident

Primary Appraisal

Secondary Appraisal

Reappraisal

1. Challenge
2. Threat
3. Loss
4. Benefit





8 Ways of Coping

Lazarus and Folkman

Distancing

Self Controlling

Confrontative Coping

Seeking Social Support

Positive Reappraisal

Accepting Responsibility

Escape/Avoidance

Planful Problem Solving



Practice the SAFER-R Model

A student comes to you first thing in the morning to tell you that they saw...

Groups of 3

1st person is the student

2nd person the school counselor

3rd person the observer... give feedback on...

a. Did they **psychologically align** themselves with the student (cognitive/emotionally)?

b. Did they use **trauma listening** (cognitive symptoms, emotional symptoms, physical symptoms, & spiritual symptoms)?

c. Did they **assess how they were coping?**



8 Ways of Coping *Lazarus and Folkman*

Distancing

Self Controlling

Confrontative Coping

Seeking Social Support

Positive Reappraisal

Accepting Responsibility

Escape/Avoidance

Planful Problem Solving



Organization: The Key

1. Idea presented to administration and command
2. Authorization of administration
3. Cooperation of administration and command
4. S.O.P's for administration and command
5. Pre-designated sites
6. Pre- Incident arrangements for food
7. Pre-printed handouts



Organization: The Key continued

8. Continued training of all CISM members
9. Written Plan
10. Agreements with all jurisdictions
11. Development of brief 10 minute presentation
12. Practice of demobilization at drills
13. A list of resources and emergency numbers for center managers
14. Pre-Incident briefings to the media



Crisis Management Briefing

Four Phases/ For Large Groups (20 to 300)

1. Assembly- Groups can be brought together sequentially and mental health team members do triage.
2. Information- Level of anxiety reduced by giving facts. Helps with rumor control.
3. Reactions- Psychological and behavioral reactions are discussed and normalized.
4. Coping Strategies and Resources- Discuss stress management techniques and give a handout.



CMB Continues

- Participants who are traumatized may receive a debriefing, a one on one, and follow-up.
- CMB in schools/agencies should not be used if there was a violent issue on campus/site.



CMB Progression

- Cognitive
- Emotional
- Cognitive

Cognitive Restructuring is important in reducing Psychotraumatization



Defusing Defined

- A shortened version of a Critical Incident Stress Debriefing.
- Intervene within the first 24 hours and preferably within hours after the incident.
- Lasts about 20 minutes to 1 hour.
- Keeps people from isolating themselves.
- A normalization experience of all stress reactions.
- To help workers return to their routine as quickly as possible.



Defusing Phases

- Introduction of Team- State ground rules of confidentiality, no rank, encourage mutual support, not a critique, no note taking, and no one who was not at the scene
- Exploration- Participants are asked to discuss what they experienced (fact, thought, reaction, symptom combination)
- Information- Combination of teaching and re-entry phases. Normalize all experiences
- Follow-up



Critical Incidents Defined

- Line of Duty Death/ Faculty on Duty Death
- Suicide of Emergency Worker
- Suicide of a Student/ Faculty Member
- Multi-casualty incident/disaster
- Significant event involving children
- Knowing the victim of the event
- Serious line of duty injury
- Police Shooting
- Excessive media interest
- Prolonged incident with loss
- Any significant event



CISM Team Organization

- Clinical Director
- Team Coordinators
- Management Liaison
- Chaplains
- Mental Health Professionals



Call Out Procedures


- Team members use a phone tree.
- Dispatch pages NWFD CISM Director/Team Coordinators at the request of a school/agency official.
- Alpha pager requesting team members to respond.



Debriefing Children Model

5 Phases

- Introduction- Explain who you are and why you are there
- Facts- Give children the facts (fact sheet provided by school)
- Reaction- Discuss the worst part for them
- Teaching- Teach about “good” thoughts
- Re-Entry- Question and Answers. They make cards for the family or ribbon pins.



Critical Incident Stress Debriefing (CISD) Truths

1. The most complex of all of the CISM interventions
2. Is not designed to be applied to routine cases
3. Is not psychotherapy/ Always have a mental health person present
4. Never combine groups- civilians with L.E., F.F., etc.
5. Triage and hold separate debriefings for a variety first responders that have been traumatized (disaster etc.)



Formal Debriefing

- Pre-debriefing meeting of team members
- Debriefing Phases
 1. Introduction/ Cognitive
 2. Facts/ Cognitive
 3. Thoughts/ Cognitive
 4. Reactions/ Emotions
 5. Symptoms/ Physical, Emotional, Cognitive, Behavioral
 6. Teaching/ Cognitive
 7. Re-Entry/ Cognitive



Follow-up

- After a day. Not to exceed 3 days
- Know your resources
- If symptoms exceed 1 month, refer to a Mental Health provider



One on One Consults

- May take through one of the debriefing models
- Follow-up necessary
- Referral to a Mental Health Professional trained in trauma may be needed



Follow-up

- After a day. Not to exceed 3 days.
- Know your resources!
- If symptoms exceed 1 month, refer to a Mental Health provider! May have PTSD.



Administrators Trained in CISM

- They can support other administrators.
- Better able to work systemically for school/agency recovery.
- They will be more likely to include CISM Team member in the Unified Command.



Do's and Don'ts

- Do not hover
- Do not stand in a group
(us against them?)
- Do not over use silence
- Help return to routine and optimum levels
of learning, functioning, and performance



Questions and Answers

- Future training

NWFD THANKS YOU FOR WHAT YOU
DO!