Critical Incident Stress Management

Presenter: Roy Langer
Crisis Care Consulting
780-236-0883
roylanger55@gmail.com
Key Terms and Concepts of Crisis and Crisis Intervention

Critical Incidents
Powerful traumatic events that initiate the crisis response

Without **critical incidents** there would be no crisis reactions and no need for crisis intervention.
The “Terrible Ten”
A sample of Critical Incidents

- Line-of-duty death
- Suicide of colleague
- Serious line-of-duty injury
- Disaster / multi-casualty incident
- Killing or wounding an innocent person
“The Terrible Ten”

- Significant events involving children
- Prolonged incidents especially with loss of life
- Personally threatening situations
- Events with excessive media interest
- Any highly distressing event
Simply stated….

Crisis is state of heightened emotional arousal

…a state of emotional turmoil
Crisis

A crisis is an acute emotional reaction to some powerful stimulus or a demand.
Types of Crises

- Maturational Crises (plural of crisis) – Associated with changes in various stages of life: adulthood, midlife, aging, retirement.

- Situational (associated with events such as accidents, deaths, disaster, violence, loss, illness, threats.)
Characteristics of a Crisis

- Disruption to a person’s state of psychological balance
- Usual coping mechanisms fail
- Distress, impairment, or dysfunction

(Gerald Caplan, MD, 1964)
### STAGES OF CRISIS

<table>
<thead>
<tr>
<th>pre-crisis</th>
<th>crisis</th>
<th>post-crisis</th>
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<tbody>
<tr>
<td><strong>Point of impact</strong></td>
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<tr>
<td><strong>disorganization</strong></td>
<td><strong>Angle of disorganization</strong></td>
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<td><strong>Trial and error</strong></td>
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<tr>
<td><strong>1. function</strong></td>
<td><strong>2. stuck</strong></td>
<td><strong>3. improved</strong></td>
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Crisis event

High anxiety

Denial

Anger

Remorse

Grief

Reconciliation
Crisis and Stress

Crisis and stress are related. When a person has an emotional crisis, there is also a state of Mental and Physical arousal (stress) that goes along with the state of emotional turmoil.
Stress Without Crisis

- We live in stress throughout our existence (24 hours x’s 7 days a week – always)
- Balancing between eustress and distress
- Stress is a state of arousal from mild to extreme. Helps us to stay healthy
- You have stress even when you have no crisis.
- But you can’t have a crisis without stress.
Critical Incident Stress

An acute emotional, cognitive, and physical reaction that results from an exposure to a powerful, horrible, awful, terrifying, threatening or grotesque stimulus or to an overwhelming demand or circumstance.
Critical Incident Stress

A state of heightened cognitive, physical, emotional and behavioral arousal that accompanies the crisis
Crisis Intervention

Crisis intervention is a *temporary, active, and supportive* entry into the life situation of an individual or of a group during a period of extreme distress.
Providers of Crisis Intervention

- Police
- Firefighters
- Medical staff
- Pre-hospital EMS
- Military
- Federal agencies
- Communications personnel
- Community volunteers
- School personnel
- Disaster workers
- Mental health professionals
- Clergy / chaplains
- others
Goals of Crisis Intervention

- Reduce emotional tension
- Stabilize the person
- Mobilize personal resources
- Mitigate the impact of the traumatic event
Goals of Crisis Intervention

- Normalize reactions and facilitate normal recovery processes.
- Restore individuals to adaptive functions
- Enhance unit cohesion and unit performance in homogeneous groups
- Identify individuals who may need professional assistance and refer as necessary
Principles of Crisis Intervention

- Simplicity
- Brevity
- Innovative
- Pragmatism
- Proximity
- Immediacy
- Expectancy
Critical Incident Stress Management

- An organized approach to Crisis intervention
- A “package” of crisis intervention techniques
- CISM is a subset of Crisis Intervention and shares directly in the history, theory, principles, practices, goals and techniques of Crisis Intervention
Critical Incident Stress Debriefing

- One tactic among many in the CISM system
- Not the same as CISM
- For homogeneous groups only
- Interactive group crisis intervention
- 7 step model
Stress: Psychological and Behavioral Reactions to Stressors
Stressor

A stressor is a stimulus that causes or initiates the stress response
Stressor vs. Stress Response

*there is a difference*

Stressor is the stimulus
Stress is arousal in response to a stimulus. It is a *nonspecific response* of the body to any demand
General Adaptation Syndrome

- Alarm equals arousal (cognitive, physical, emotional)
- Resistance equals behaviors to cope with the arousal
- Exhaustion equals the period when energy to maintain resistance is depleted

Concept developed by Dr. Hans Selye
General Adaptation Syndrome

Stimulus --> Alarm --> Resistance --> Exhaustion --> Recovery
Main Types of Stress

Eustress- positive
Distress- negative
Eustress vs. Distress

Health and performance vs. Stress Arousal

Maximum positive effect
Stress is Usually Not Dangerous Unless…

It Prolonged or Intense
Target Organ

The part of the body, or mind, that is a target of the stress and which develops signs and symptoms of over-arousal.
Trauma

A horrific event outside of the realm of usual human experience. The person experiencing it finds it markedly distressing and feels fear, helplessness, and horror.
Traumatic Stress

- Most intense form of distress
- A broad range of cognitive, physical, emotional, spiritual, or behavioral reactions
Post Traumatic Stress

- Also known as **Critical Incident Stress**
- Normal response of normal, healthy, people to a terribly abnormal event.
- Often overwhelms coping mechanisms
Critical Incident Stress* is Normal After Trauma

It becomes dangerous to health when it is not resolved

*AKA Post Traumatic Stress
Post Traumatic Stress Disorder

- If **Critical Incident Stress** is not managed properly and if it remains unresolved, it may turn into one or more psychological conditions that can interfere with normal life functions.

- One of the worst conditions is Posttraumatic Stress Disorder (PTSD)
Overview of Criteria for PTSD

A. Exposure to actual or threatened death, serious injury or sexual violence

B. Symptoms of intrusion associated with the traumatic event

C. Persistent avoidance of stimuli associated with the traumatic event

D. Negative alterations in thinking and mood Associated with the traumatic event
Overview of Criteria for PTSD

E. Marked alterations in *arousal* and *reactivity* associated with the traumatic event.

F. Duration of the disturbance (B.C.D.E) is at least 30 days

G. The disturbance causes clinically *significant distress or impairment* in social, occupational and other important areas of function.
Overview of Criteria for PTSD

The *disturbance* is not attributable to physiologic effects of a substance (e.g. medication or alcohol) or other medical condition.
Other Conditions Resulting From Trauma

<table>
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<tr>
<th>Substance abuse</th>
<th>Brief Psychotic Reaction</th>
<th>Panic attacks</th>
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<tr>
<td>Withdrawal</td>
<td>Depression</td>
<td>Panic disorder</td>
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<tr>
<td>Depression</td>
<td>Brief Psychotic Reaction</td>
<td>Changes in personality</td>
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<td>Panic attacks</td>
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<td>Loss of self confidence</td>
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<td>Increased anxiety</td>
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<td>Increased irritability</td>
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Trauma Membrane

After trauma, people begin to form a membrane around themselves that insulates them from additional trauma. Over time it may block out appropriate help as well. Early intervention is highly recommended.
Symptoms of Traumatic Stress

- Cognitive
- Physical
- Emotional
- Behavioral
- Spiritual
Assessment

- Circumstances
- Nature and Magnitude of event
- Impact on people exposed
CISD GOALS

- Mitigate distress
- Facilitate psychological normalization and psychological “closure” (reconstruction)
- Set appropriate expectations for psychological / behavioral reactions
- Serve as a forum for stress management education
- Identification of external coping resources
- Serve as a platform for psychological triage and referral
CISD Team Resources

- Minimum: Two CISM trained team members
- At least one mental health clinician
- Other team member(s) may be “peer support personnel,” spiritual leader, another mental health, or physical health professional
- ALL TEAM MEMBERS MUST BE TRAINED IN the interactive group process - CISD
PLANNING THE CISD

- **SIZE:** group (2-20)
- **DURATION:** 1-3 hours
- **TIMING:** 1-10 days for most incidents (1-3 days for most acute public safety incidents; 3-4 weeks for disasters). *note: Implement when “psychological closure” possible, i.e., disengagement. Timing has more to do with PSYCHOLOGICAL READINESS than the passage of time*
- **LOCATION:** Room with chairs placed in a circle or around a table, isolated away from incident site and distractions
CISD Considerations

- Convenient time
- All involved operations personnel invited
- Personnel relieved of duties
- Ideal group size is 2 - 20
- Homogeneous groups (homogenize with regard to traumatic exposure/psychological toxicity)
- Ideally, one team member for every 5 or 6 participants - minimum of 2
- Follow up planning as necessary
Important CISD Considerations

- Strict Confidentiality
- No breaks
- Timing is important
- Location and physical environment
- Closed circle format
COMMON GROUND RULES

- Participation voluntary
- No notes, recording devices
- Try to limit break until after group is finished
- Not operational critique, not investigation
- Not a “blame” session
- Not therapy, nor substitute for treatment
- Address issue of confidentiality vs. privilege
Questions ??
Thank You

Roy Langer – CISM Trainer
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