

## **AGENDA**

### **I. WHAT IS**

**A) A Critical Incident**

**B) CISD**

**C)Assessing the need**

**1) Purpose and Benefits of CISD**

**2)Assessing individual need for CISD( for management)**

**3 )Situations that CISD is definitely called for**

**4)Signs and symptoms of Critical Incident Stress in EMS Personnel**

### **II. THE DEBRIEFING PROCESS**

### **III. ASSESSING THE NEED FOR FURTHER CARE**

### **BIBLIOGRAPHY**

Everly, G. and Mitchell, J.T., In G. Everly (Ed) *Innovations in Disaster and Trauma Psychology Volume2, Critical Incident Stress Management, A New Era and Standard of Care in Crisis Intervention.*(1997).

Mitchell,J.T. and Everly, G. (1996). *Critical Incident Stress Debriefing: An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services and Disaster Workers.* Ellicot City, MD: Chevron Publishing Corporation.

**\*\*These books can be ordered from <http://www.amazon.com>  
Local bookstores have had problems getting them.**

Purpose and Benefits of CISD

1. Opportunity to re-experience, remember in a safe supportive environment
2. Opportunity to reframe perceptions and misperceptions.
3. Opportunity to learn coping skills and to normalize reactions to trauma
4. Opportunity to gain support of fellow workers

Things to consider in individual reactions

\* for management  
comprising the group.

1. Can this person participate or pay attention
  - A) Is there drug or alcohol use prior to session
  - B) Is there physical injury involving use of pain medications
  - C) Is the person emotionally stable
    - 1) Previous pathology
2. Religious beliefs
3. Gender
4. Previous experience
5. Outside support
6. Their role-homogeneity of group
7. Perceived value- hero, failure
8. Degree of personal danger
9. Previous coping skills
10. How frequent is exposure to Critical Incidents
11. Does this person have exposure to CISD in previous Incidents
12. Support from co-worker/management or Ostracism

13. Public reaction via media to Incident

14. Personal knowledge of victims

15. Stability of life before incident

A) any previous stressors (financial, personal, death, divorce etc)

Indications of a need for CISD

1. Several people have participated in a Critical Incident (An event that overwhelms a person's normal coping skills.

2. There has been:

A) Severe Injury/death

B) Mutilation of bodies

C) Mass casualties

D) Death of a child

E) Victims are familiar to workers

F) Line of duty death / injury

## Brief Outline of CISD

### Logistics

1. The room needs to be accessible to personnel affected and comfortable. It also needs to be free from interruptions such as phones, and intercoms. Chairs can be arranged in a circle or around a table.
2. Have Kleenex available at several spots.
3. Privacy is a must. Please tell outside personnel to facilitate NO INTERRUPTIONS.
4. Debriefing personnel should not be grouped together at one spot. Spread out.
5. Have a prepared list of referrals.
6. Have a basic idea of what happened and how long ago.
7. Timing is debatable, but generally 24-72 hrs after incident.
8. There should be an identified Team Leader ,

### INTRODUCTORY PHASE

- 1) Clarification of purpose of CISD( To provide closure on an overwhelming incident)
- 2) Ground rules
  - A) Don't have to talk
  - B) total confidentiality
  - C) No breaks
  - D) No physical violence
- 3) Introduction of personnel on team

### FACT PHASE

- 1) "Tell me who you are, what happened and what your role was in the incident"

#### THOUGHT PHASE

- 1) "Now I'd like to hear what your first thoughts were in response to the incident".
- 2) This moves participants out of the cognitive and into their feelings...
- 3) Do not probe, let each participant choose what they say

#### REACTION PHASE

- 1) "What was the worst part of the incident for you"
- 2) Encourage ventilation of sights, smells, sounds, touch that were experience during the incident.
- 3) "Have you ever felt like this before?"

#### SYMPTOM PHASE

- 1)"What kind of physical or emotional changes have you experienced since the incident?"
- 2) This begins to taper of the emotionalism of the last 2 phases and brings back cognitive awareness.

#### TEACHING PHASE

- 1) **normalize** and explain the symptoms presented and their function in recovery.
- 2) go over appropriate stress reduction techniques and self care

#### RE-ENTRY

- 1) Offer a chance for final thoughts on incident or debriefing
- 2) Again, stress normalcy of reactions
- 3) Answer any questions
- 4) Give referrals as needed

When do I need more assistance than CISD

- 1) Symptoms have gone on consistently for longer than a month.
- 2) Continued disrupted sleep patterns
- 3) Excessive drinking or use of prescription medications inappropriately.
- 4) Occurance of flashbacks, and hyperarousal after one month
- 5) Panic attacks
- 6) Compromise of ability in job related areas
- 7) Continued dreams and nightmares after 1 month
- 8) Extreme irritability
- 9) Times you feel like your observing yourself from a corner...
- 10) Unable to feel anything again after 1 month

*Roger M. Solomon, Ph.D.  
Program Director  
On-Site Academy*

## **CRITICAL INCIDENT TRAUMA**

FOR EMERGENCY SERVICE PERSONNEL

### **CRITICAL INCIDENT:**

**Any situation beyond the realm of a person's usual experience that overwhelms his or her sense of vulnerability and/or lack of control over the situation.** *Roger Solomon, Ph.D.*

**Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.**

*Jeff Mitchell, Ph. D.*

---

### **CRITICAL INCIDENTS:**

are sudden and unexpected  
disrupt our sense of control!  
disrupt beliefs, values, and basic assumptions about how the  
world - and the people within it - work!  
involve the perception of a life-damaging threat!  
may involve emotional or physical loss!

### **VIOLATION OF WORLD ASSUMPTIONS: (Janoff-Bulman)**

<b>The world is benevolent!</b>	<b>("Bad things will not happen to me")</b>
<b>The world is meaningful!</b>	<b>( world is predictable, fair, and controllable)</b>
<b>The self is worthy!</b>	<b>("bad things don't happen to good people")</b>

### **CLINICAL THEMES (Shapiro):**

Responsibility.....

Safety.....

Choices.....

---

**REALIZE THAT:** Many types of situations can be critical incidents.....  
A critical incident for me may not be a critical incident for you.....It depends on our perception of vulnerability, control over the situation, and the personal meaning of the incident.







## COMMON PHYSICAL STRESS SYMPTOMS

Difficulty sleeping    Anxiety    Difficulty concentrating    Irritable    Fatigue  
Stomach aches    Muscle aches    Headaches    Indigestion    Diarrhea  
Constipation    Change in sex drive    dizziness\*    high blood pressure\*

(\* indicates need for medical evaluation)

---

**III EMOTIONAL IMPACT** Usually hits within a couple of days. It may continue several weeks

or longer depending on the situation, coping skills, and the presence of support

## NORMAL REACTIONS TO ABNORMAL SITUATIONS

(percentages refer to officers involved in shooting situations)

1. HEIGHTENED SENSE OF DANGER.....	58%
2. ANGER/BLAMING.....	49
3. NIGHTMARES.....	34
4. ISOLATION/WITHDRAWAL.....	45
5. FEAR/ANXIETY.....	40
6. SLEEP DIFFICULTIES.....	46
7. FLASHBACKS/INTRUSIVE THOUGHTS.....	44
8. EMOTIONAL NUMBING.....	43
9. DEPRESSION.....	42
10. ALIENATION.....	40
11. GUILT/SORROW/REMORSE.....	37
12. MARK OF CAIN.....	28
13. PROBLEMS WITH "SYSTEM".....	28
14. FAMILY PROBLEMS.....	27
15. FEELINGS OF INSANITY/LOSS OF CONTROL.....	23
16. SEXUAL DIFFICULTIES.....	18
17. ALCOHOL/DRUG ABUSE.....	14
18. STRESS REACTIONS.....	no percentage available

INTENSITY OF REACTIONS TEND TO MAX AND WANE OVER TIME, PEAKING DURING FIRST FEW WEEKS, THEN GRADUALLY SUBSIDING.



#### **IV COPING**

Facing, understanding, working through and coming to grips with the emotional impact of the incident.

SOUL SEARCHING.....

WHAT IF?

IF ONLY?

WHY ME?

WHAT ABOUT NEXT TIME?

CAN I DEAL WITH IT AGAIN?

---

#### **V ACCEPTANCE/RESOLUTION**

The incident happened, I was part of it, and *that's reality*.

I am vulnerable, and that's part of the human condition - but I'm not helpless.

I can't control everything, but I can control my response to an incident.

I did the best I could at the time.

Fear is a normal reaction to the perception of danger and can be utilized constructively.

By facing and actively processing my emotional reactions, I will come out stronger.

**I CAN RE-EVALUATE MY VALUES, GOALS AND LIFE PRIORITIES:**

I now realize what is important in life.

I can stop and "smell the roses".

I can spend more time with people I care about.

Things that used to upset me just aren't that important anymore.

After coming to grips with my own vulnerability

**I CAN EMERGE STRONGER**

and utilize this strength when facing life's other challenges



**VI LEARNING TO LIVE WITH IT....**

**EXPERIENCING A CRITICAL INCIDENT IS LIKE CROSSING A FENCE.....  
AND LOSING ONE'S NAIVETE....WITH NO POSSIBILITY OF JUMPING BACK.**

Positive self realization: *"I'm not unique; I'm normal"*

**SIMILAR FUTURE INCIDENTS MAY BRING BACK EMOTIONAL REACTIONS**

**SIMILAR EXPERIENCES OTHERS EXPERIENCE MAY BRING BACK  
MEMORIES (I can use these memories to help those involved.)**

**ANNIVERSARY REACTIONS ARE COMMON**

**WE ARE VULNERABLE!**

**WE HAVE TO ACCEPT IT AND LEARN TO LIVE WITH IT**

**AND USE THIS VULNERABILITY  
IN POSITIVE, MEANINGFUL, PRODUCTIVE WAYS  
FOR OURSELVES AND OTHERS**

**Not every one will experience a traumatic reaction to the same event! For example,  
for officers involved in shooting situations:**

**1/3.....EXPERIENCE A MILD OR NO TRAUMATIC REACTION**

**1/3.....EXPERIENCE A MODERATE REACTION**

**1/3.....EXPERIENCE A SEVERE REACTION**

## Distress Signals REQUIRING Immediate Action

<i>PHYSICAL</i>	<i>COGNITIVE</i>
Chest pain*	Decreased alertness to surroundings
Difficulty breathing*	Difficulties making decisions
Excessive blood pressure*	Hyper alertness
Collapse from exhaustion*	Generalized mental confusion
Cardiac arrhythmias*	Disorientation to person, place, time
Signs of severe shock*	Serious disruption in thinking
Excessive dehydration*	Seriously slowed thinking
Dizziness*	Problems in naming familiar items
Excessive vomiting*	Problem recognizing familiar people
Blood in stool*	
<i>EMOTIONAL</i>	<i>BEHAVIORAL</i>
Panic reactions	Significant change in speech patterns
Shock-like state	Excessively angry outbursts
Phobic reaction	Crying spells
General loss of control	Antisocial acts (e.g., violence)
Inappropriate emotions	Extreme hyperactivity

\*Indicates a need for medical evaluation.

## Distress Signals NOT Requiring Immediate Action

<i>PHYSICAL</i>	<i>COGNITIVE</i>
Nausea	Confusion
Upset stomach	Lowered attention span
Tremors (lips, hands)	Calculation difficulties
Feeling uncoordinated	Memory problems
Profuse sweating	Poor concentration
Chills	Seeing an event over and over
Diarrhea	Distressing dreams
Rapid heart rate	Disruption in logical thinking
Muscle aches	Blaming someone
Sleep disturbance	
Dry mouth	
Shakes	
Vision problems	
Fatigue	
<i>EMOTIONAL</i>	<i>BEHAVIORAL</i>
Anticipatory anxiety	Change in activity
Denial	Withdrawal
Fear	Suspiciousness
Survivor guilt	Change in communications
Uncertainty of feelings	Change in interactions with others
Depression	Increased or decreased food intake
Grief	Increased smoking
Feeling hopeless	Increased alcohol intake
Feeling overwhelmed	Overly vigilant to environment
Feeling lost	Excessive humor
Feeling abandoned	Excessive silence
Worried	Unusual behavior
Wishing to hide	
Wishing to die	
Anger	
Feeling numb	
Identifying with victim	



## TEAM LEVEL CRITICAL STRESS

MORALE PROBLEMS

COLLAPSE OF SENSE OF TEAM MISSION AND PURPOSE

ORGANIZATIONAL DISTRUST

DISTRUST OF LEADERSHIP

CONTAGIOUS JOB BURNOUT

COLLECTIVE DESPAIR

DEFENSIVE POSTURES AT ALL LEVELS

PERVASIVE DIMINUTION OF TEAM SELF ESTEEM

RELATIONAL DIFFICULTIES WITHIN TEAMS

## FORMAT FOR DEBRIEFING

ALLOW STAFF TO TELL THE STORY AND RELATE THE HISTORY  
(WHAT DO THEY PERCEIVE AS THE MAJOR INCIDENT THAT CREATED  
THE CURRENT STRESS)

COMPLICATIONS (FACTS ABOUT WORK THAT CAUSE THE PROBLEMS)

REACTIONS

PLANNING

THE REACTION AND PLANNING PHASES ALLOW THE TEAM TO GET OVER THEIR  
DENIAL AND FACE WHAT THEY MUST