

Critical Incident Stress Management

By:
*The International
Critical Incident
Stress Foundation*



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- Psych/English: AAS, AA, AGE, ADN; RN, EMT-P
- 10 years EMS, 7 years Level One Trauma Center ER
- Crisis Team Member IMT/Southfield, MI
- Introduced/designed CISM program MIWG '97
 - Intro'd CISM at CAP NB 1998/1st CAP Team Nationally
 - CAP GLR CISM Team (ICISF Registered)
- Civil Air Patrol member since 1990
 - SQ PAO/SOA, CVC, Group Admin., MIWG PAO/PAOA, MIWG Medical Director/SOA, MIWG CISTC-A (ADY), GLR CISM Director (ADY), NHQ SANC-CISM
- DFI International (DHS/ODP)/National CISM Work Group

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Course Overview – Major Topics

- Key Concepts in Psychological Crisis
- Crisis-Related Symptoms
- Crisis Assessments / Follow-up & Referral
- Crisis Communication Techniques
- Crisis Intervention

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Major Topics:

- CISM Interventions
 - Pre-Incident Preparation & Education
 - One-on-One Crisis Intervention
 - Demobilization
 - Crisis Management Briefing

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Major Topics:

- Defusing
- Critical Incident Stress Debriefing
- Family Support
- Organizational / Community Crisis Response
- Pastoral Crisis Intervention
- ICISF CISM: A Standard of Care
- Northwest Flight 255 crash
- CISM in CAP: CAPR 60-5

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<http://www.chevronpublishing.com>

Critical Incident Stress Debriefing

An Operations Manual for CISD,
Defusing and Other Group
Crisis Intervention Services

Third Edition

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Nature of Stress

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Stress

"...Wear and Tear"

(Selye, 1976)

"A State of Physical and Psychological Arousal in Response to a Stimulus"

"Excessive Stress and Psychological Trauma Are Just As Potentially Disabling As Is Physical traumatization."

(Mitchell/Everyly 1993)

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Categories of Stress

- ⊕ General
- ⊕ Cumulative
- ⊕ Critical incident (traumatic stress)
- ⊕ Post traumatic stress disorder

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Initially stress reactions are adaptive and helpful. As the stress reactions increase, however, there is a greater chance that they will be maladaptive and disruptive.

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Signs and Symptoms of Stress

- ⊕ Cognitive
- ⊕ Emotional
- ⊕ Physical
- ⊕ Behavioral

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Terrorism: A Unique Cause of Stress

The explicit goal of this form of trauma / disaster is to create a condition of fear, uncertainty, demoralization, & helplessness as a coercive force.

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Terrorism represents a form of psychological warfare. The war will ultimately be won or lost not on the battlefield, but in the mind.

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Critical Incidents

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Critical Incidents:

Events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms.

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The Terrible Ten (Emergency Services):

- ⊗ Suicide of a colleague
- ⊗ Line of duty death
- ⊗ Serious line of duty injury
- ⊗ Disaster/multiple casualty
- ⊗ Police shootings/accidental killing or wounding of innocent person(s)

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The Terrible Ten (Emerg. Svcs.):

- ⊗ Significant events involving children
- ⊗ Prolonged incidents, especially with a loss
- ⊗ Personally threatening situations
- ⊗ Events with excessive media interest
- ⊗ Any significant event capable of causing considerable emotional distress for those who are exposed to it

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Crisis

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*The psychological distress in response to critical incidents such as mass disasters, traumatic events, or terrorist attacks, is called a **PSYCHOLOGICAL CRISIS.***

(Everly & Mitchell, 1999)

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Psychological Crisis:

An Acute Response to a Trauma, Disaster, or Other Critical Incident Wherein:

- 1) Psychological Balance Is Disrupted
- 2) One's Usual Coping Mechanisms Have Failed
- 3) Evidence of Significant Distress, Impairment, Dysfunction

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Characteristics of Crisis

- **Maturation Crisis**
 - Former coping skills aren't working
 - Temporary disequilibrium: resolution can come through support systems
 - Alcohol/drugs interrupt progression: skill development arrests at age when abuse began
- **Situational Crisis**
 - Critical life problem arises from an external source
 - Job change/loss, death of loved one, divorce
 - Threatens self-concept and self-esteem

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The Need for Crisis Services:

- Over 80% US Citizens Exposed to Trauma
- About 30% of Those Exposed Will Develop PTSD
- 40% US Children Exposed to Trauma
- 14% Violent Crimes Occur at Work
- 16% Viet Nam Veterans Develop PTSD

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The Need for Crisis Services:

- 31% Urban Firefighters Report Symptoms of PTSD
- 10-15% Law Enforcement Personnel Develop PTSD
- Police = 8.6x Greater Risk of Suicide than Accidental Death
- NIOSH Recommends Workplace Crisis Intervention Systems

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The Need for Crisis Services:

- Up to 35% disaster victims develop PTSD
- Mass disasters and terrorism will create more psychological casualties than physical casualties
- Over 50% of disaster workers can be expected to develop significant posttraumatic distress (Wee & Myers, 2001)

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The Need for Crisis Services:

- ⊕ Estimated 1.5 Million People In NYC May Need Counseling Post September 11th (U.S. Center for Mental Health Services)
- ⊕ Random NYC Survey (Manhattan): 7.5% PTSD, 9.7% Depression, 20% PTSD In Close Proximity to WTC

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Research has shown that human-made disasters are more psychologically pathogenic than are natural disasters. Terrorism may be the most pathogenic of all due to its UNPREDICTABLE and UNRESTRAINED nature.

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5 Antidotes for Crisis:

- ⊕ Structure for Chaos
- ⊕ Cognition for Excessive Emotion
- ⊕ Catharsis and Disclosure for Psychological Tension
- ⊕ Understanding for Loss of Control
- ⊕ Action for Helplessness

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Crisis Work Believes in the Inherent STRENGTHS of the Person in Crisis and Builds on These,

You Do Not Look for Pathology As You Might in a More Traditional Therapeutic Environment.

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Crisis Related Symptoms:

- ⊕ Anxiety, Panic
- ⊕ Anger
- ⊕ Helplessness
- ⊕ Suicidal Ideation
- ⊕ Violence
- ⊕ Impulsivity
- ⊕ Self-medication
- ⊕ Depression

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Crisis-Related Symptoms:

- ⊕ Peritraumatic Dissociation
- ⊕ Psychophysiological Disorder
- ⊕ Somatoform Conversion Disorder
- ⊕ Post Traumatic Stress Disorder (PTSD)
- ⊕ Brief Psychosis

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Major Depression:

- ◆ Depressed Mood
- ◆ Anhedonia, Lethargy
- ◆ Terminal Insomnia
- ◆ Psychomotor Retardation
- ◆ Excessive Weight Loss
- ◆ Reduced Libido

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Major Depression:

- Guilt
- Diminished Personal Hygiene
- Hopelessness
- Helplessness
- Worthlessness
- Suicidal Ideation

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Suicidal Risk Increases With:

- ◆ Isolation
- ◆ Agitation
- ◆ Rigid Compulsivity
- ◆ Proximity to Lethal Means
- ◆ Financial or Marital Problems
- ◆ Painful or Terminal Illness

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Suicidal Risk Increases With:

- Adolescence and Elderly
- Hopelessness
- Previous Suicide Attempts
- History in the Family
- Severe Guilt
- Detailed Plan

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Suicide Intervention:

- ◆ Empower
- ◆ Contradict Hopelessness
- ◆ Listen Intently
- ◆ Validate Emotions
- ◆ Assist in Finding Alternatives

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Common Forms of Self-medication:

- Stimulants (Caffeine, Amphetamine, Cocaine)
- Depressants (Alcohol, Nicotine)
- Hallucinogens
- Antihistamines

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*Acute Posttraumatic Stress
(Critical Incident Stress) Is a
Normal Reaction in Normal
People to an Abnormal Event.*

*“Oh ****!”*

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-Parking at amusement park: \$8
-Bungee jump: \$40
-Having your picture put up on
the worldwide web after you
shit yourself on the jump....
PRICELESS



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Posttraumatic Stress Disorder (PTSD):

- First Named in 1980
- Anxiety Disorder
- Starts With The Same Traumatic Event That Initiates Critical Incident Stress
- Symptoms: Intrusive Memories, Avoidance, Arousal
- Symptoms Last 30 Days or More
- Produces Significant Disruption to Normal Life Pursuits

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PTSD:

- General Population: 1-3%
- Urban Adolescents: 9%
- Viet Nam Veterans: 15-20%
- Emergency Services Personnel: 15-32%

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Crisis Assessments

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Acute Mental Status Assessment:

- Intoxication
- Head Injury
- Psychotic Process
- Delusions
- Homicidal Ideation
- Suicidal Ideation

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Acute Mental Status Assessment:

- ◆ Orientation
- ◆ Long-term Memory
- ◆ Concentration
- ◆ Emotion



Follow-up & Referral:



One of the most convincing reasons for instituting a crisis intervention program is to identify those who require or desire continued care, and to facilitate access to that care. (Triage)



When to Refer For Follow-up:

- ◆ Persistent Symptoms
- ◆ Suicidal / Homicidal Ideation
- ◆ Disabling Symptoms
- ◆ Evidence of Cognitive Impairment
- ◆ When in Doubt



Where to Refer:

- ◆ Medical / Legal Services
- ◆ Family Support Programs
- ◆ Financial Aid Services
- ◆ Religious / Spiritual Services
- ◆ Psychological Services
- ◆ Psychiatric Services



Return or Refer



Crisis Intervention



Crisis Intervention

- ❖ Crisis intervention is a temporary and active entry into an individual or group's life situation during a period of extreme distress
- ❖ History of crisis intervention (Pp. 17-18, 28-29)
- ❖ Traditional crisis intervention 1:1

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Crisis Intervention:

Emotional first aid designed to assist in returning one to balance and adaptive independent function.

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There is a strong argument for providing acute psychological first-aid as early as practical following a traumatic event. (Bisson, et al., 2000, ISTSS Treatment Guidelines)

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Hansel's Law:

Effectiveness of psychological support increases as a function of both temporal and physical proximity to the stressor event.

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Goals of Crisis Intervention:

- ❖ Stabilization
- ❖ Symptom Reduction (mitigation)
- ❖ Mobilize Resources
- ❖ Normalize Reactions
- ❖ Restore to Adaptive Functioning, or
- ❖ Facilitate Access to Continued Care (Refer)

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*As physical first aid is to surgery;
Crisis intervention is to psychotherapy.*

Crisis Intervention –vs- psychotherapy **Pg. 27**

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Crisis Intervention:

The focus is on the immediate crisis, not past historical events.



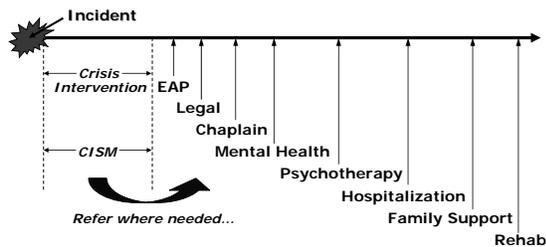
Crisis Intervention (CI):

Is one aspect in an overall continuum of care. It requires specialized training.

Traumatic Stress Pg. 49-54



Spectrum Of Care



4 Core Competencies of Crisis Intervention:

- Triage Benign vs. Malignant Symptoms
- One-on-One Crisis Intervention
- Small Group Crisis Intervention
- Large Group Crisis Intervention



In 1990, the British Psychological Society recommended that crisis intervention should be multi-component in nature.



Military Principles of Crisis Intervention:

- Simplicity
- Brevity
- Pragmatism
- Innovation
- Proximity
- Immediacy
- Expectancy



Recent recommendations for early intervention include the use of a variety of interventions matched to the needs of the situation and the recipient populations.

(Mass Violence & Early Intervention Workshop, 2002, DoD, DoJ, NCPTSD)

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How Do You Cope?

- Health Education Survey ...
- Instant Relaxation Exercise
- All About You
- No Snoozing Allowed! ;)

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Crisis Communication Techniques:

Foundations for Interventions

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Nonverbal Communications:

- Awareness of Others
- Awareness of Self
- Posture and Position
- Facing the Speaker
- Gestures and Expressions
- Eye Contact

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Crisis Communication Process:

- ⊕ Communicate Calmly, Somewhat Slower
- ⊕ Align, Do Not Contradict Initially
- ⊕ Do Not Threaten
- ⊕ Accept and Reassure
- ⊕ Shift from "Concept" to "Process" to Deflect Hostility

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Critical Incident Stress Management (CISM)

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CISM:

Critical Incident Stress Management is a comprehensive, systematic, and multi-component approach to the management of traumatic stress.

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Core Components of CISM

- ⊕ Pre-incident education/Preparation
 - ▣ Policy development (CAPR 60-5)
 - ▣ Team training
 - NHQ/DOS or NHQ/DOSP (CAP)
 - cism@cap.gov
 - ▣ Protocol development (CISTC guidelines)
 - ▣ Promote education/Continuing education
 - Ongoing and frequent in small bits

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Core Components of CISM

- ⊕ On-scene Support Services
- ⊕ One on one crisis intervention
- ⊕ Demobilizations
- ⊕ Crisis Management Briefings
- ⊕ Defusing

Operations Manual for CISM, Third Edition, Mitchell/Everyly, Pg. 6

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Core Components of CISM

- ⊕ CISD
- ⊕ Significant other/family support
- ⊕ Pastoral Crisis Intervention
- ⊕ Disaster/community support
- ⊕ Follow-up services and/or referrals

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Goals of CISM:

(Everly & Mitchell, 1997)

- ⊕ To Reduce the Incidence, Duration and Severity of Traumatic Stress
- ⊕ To Reduce Impairment from Traumatic Stress
- ⊕ To Facilitate Follow-Up Interventions, If Needed

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Research supporting CISM

- Crisis Intervention Research
- Critical Incident Stress Management
- Critical Incident Stress Debriefing

Narrative and Statistical Reviews Pg. 101-130

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CISM Research:

- UK version of 1:1 "Debriefing" ineffective (Cochrane Review, 1998, 2002)
- Small group debriefings found to be effective (Everly, Boyle, & Lating, 1999)
- Contrary to popular belief, no evidence that group "debriefings" harmful

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CISM Research:

- Randomized Controlled Study of CISM found effective for reducing alcohol use, some reduction stress symptoms (Deahl, et al. 2000)
- Randomized Controlled Study of CISM found early intervention superior to later intervention (Campfield & Hills, 2001)
- CISM found to be effective (Richards, 2001; Flannery, 2001)

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Pre-incident Preparation / Education

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Pre-incident Preparation / Education:

- Provides General Information on Stress and Trauma
- Sets Expectations for Actual Experience (Physical & Psychological)
- Teaches Acute and Long-Term Coping Techniques

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Pre-incident Preparation:

- Assessment of Risk
- Risk Reduction
- Assessment of Physical and Psychological Response Preparedness
- Training to Reduce Vulnerabilities
- Training to Enhance Response Capabilities

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Pre-incident Preparation / Education:

- Policy Development
- Protocol Development
- Education of Personnel
- Training of Teams
- Arranging Call-Out Procedures

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On-scene support services

- Early notification (CISM on alert roster)
- On-call support member if not on-site
- Utilize Chaplains
- Be ready to do whatever is needed to assist on-site staff
- Provide appropriate intervention(s)
- Triage: Return/Refer (*Follow Up!*)

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One-on-One Crisis Intervention

ICISF Course: Assisting Individuals in Crisis

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One-on-One Individual Crisis Intervention:

- Most crisis intervention is done individually, one-on-one, either face-to-face or by telephone.
- Support individuals
- Advise command
- Assist individuals

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One-on-One Individual Intervention:

- SAFER-R
- Stabilize
- Acknowledge
- Facilitate
- Encourage
- Recovery
- Referral

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One-on-One Individual Intervention:

(SAFER-R Model, Everly, 1995)

- Stabilize Situation, Reduce Stressors
- Acknowledge Crisis By: 1) Inquiry Into Facts, and 2) Reactions to the Event
- Facilitate Normalization by discussion, problem solving, developing a plan.

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One-on-One Individual Intervention:

(SAFER-R Model, Everly, 1995)

- Encourage Adaptive Coping
- Recovery is Evident or
- Referral According to Need

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Overview of four group tools in CISM Pg. 97

Intervention	Activity	Target	When	Duration	Trigger
De-mobilization	Passive – Information Only	Large group - staff or workers	After first shift or after first exposure to event	10 min. lecture plus 20 min. rest and food	Disaster or other large scale incident
CMB	Semi-active Information & short Q/A	Large group (Any)	Anytime – before, during, after. (repeat)	45 minutes to one hour	Any event impacting large groups
De-fusing	Active – Loosely guided discussion	Small group	Within 8-12 hours of event	45 minutes	Event impacting small homogenous group
CISD	Very active Structured team guided discussion	Small group	24 hours to 1 week	1-3 hours	Event impacting small homogenous group

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Demobilization

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Demobilization:

- A transition from a traumatic exposure to a return to home or new assignment
- Typically used in response to large scale events or major disasters
- One time only
- Passive process
- Immediate application

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2 Types of Demobilization:

- Respite center – with food, beverages, shelter, and one-on-one psychological support or stress management
- Large group informational meeting – provides stress information and guidance on stress management tactics

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Demobilization:

- Large Group
- Information Provision
- Passive Process
- Identifies Possible Reactions
- Provides Good Stress Management Advice

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Parts of the Demobilization:

- ⊕ A ten minute informational talk
- ⊕ A twenty minute rest period with food and fluids
- ⊕ A very brief period of instructions from unit leaders on either a return to non-disaster duties or release to home

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What Is Covered in the Information Session:

- ⊕ Introduction of the presenter
- ⊕ Thank the participants for their hard work
- ⊕ Let them know that you will only take a few minutes to give them some useful information

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What Is Covered in the Information Session:

- ⊕ Symptoms Are Normal
- ⊕ Most People Recover Quickly
- ⊕ Review the Cognitive, Physical, Emotional and Behavioral Symptoms

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What Is Covered in the Information Session:

- ⊕ Numerous Suggestions About Handling Stress
- ⊕ Advise the Participants to Be Cautious About Contacts With the Media
- ⊕ Advise the Participants to Discuss the Disaster Work With Their Families, but Limit Details
- ⊕ Provide Handouts

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Breakout Session

- ⊕ Groups of 8-10
- ⊕ One person presents demobilization for two minutes
- ⊕ Repeat
- ⊕ If time allows, repeat a third or fourth time

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Key Points Regarding Demobilization:

- ⊕ No Participant Has to Speak
- ⊕ Ask If Participants Have Questions or Comments
- ⊕ Not for Small Events
- ⊕ Not for Routine Events
- ⊕ Not a Substitute for CISD

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Key Points Regarding Demobilization:

- ❖ Not Used for Line-of-duty Deaths
- ❖ On occasion a unit is exposed to something so severe that a defusing is required. The defusing will substitute for the demobilization. Do not do both interventions.

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Crisis Management Briefing (CMB):



Crisis Management Briefing (CMB)

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Crisis Management Briefings:



Structured large group community/organizational “**town meetings**” designed to provide information about the incident, control rumors, educate about symptoms of distress, inform about basic stress management, and identify resources available for continued support, if desired. Especially useful in response to violence/ terrorism.

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Crisis Management Briefing (CMB):

- ❖ Versatile Large Group Process
- ❖ May Be Used With Any Event Which Impacts a Large Group
- ❖ May Be Provided Before Deployment or Exposure
- ❖ May Be Provided During or After Exposure to a Critical Incident

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CMB:

- ❖ 1) Gather Homogeneous Group
- ❖ 2) Credible Representative of Organization Provides Information About the Situation

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CMB:

- ❖ 3) CISM team members discuss signs and symptoms of distress or other crisis/stress information as may be required by the group or suggested by the nature of the event
- ❖ 4) Numerous suggestions and instructions are given to manage the stress of experience **Pg. 67**

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Crisis Management Briefing Discussion:

- ❖ Limited in How Much Time Is Allowed for Questions and Discussion
- ❖ Controlled in the Content Discussed and the Emotions Expressed
- ❖ The Facilitators Never Allow Personal Attacks

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Avoid the Discussion in a CMB If:

- ❖ The Group Is More Heterogeneous Than Expected
- ❖ The Group Members Are Extremely Stressed or Fatigued
- ❖ Excessive Anger From Sources Outside of the Control of the CMB Team Is Already Apparent

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Practice Exercise on CMB

- ❖ Class members break into their groups of 8-10
- ❖ Those who did not do a demobilization try to do a CMB in teams of 2

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Wrapping Up The CMB:

- ❖ Identify Group Needs
- ❖ Provide Practical Suggestions
- ❖ Let the Group Know That More Information and Other Resources Will Be Offered As They Become Available
- ❖ Offer Understanding, Sympathy, Concern and Hope

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Defusing

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Defusing:

- ⊕ Structured small group (less than 20) discussion of crisis event
- ⊕ Provided on same day as event (up to 12 hours)
- ⊕ 20-45 minutes in duration
- ⊕ Homogeneous work groups of 6-8

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Defusing:

- Not therapy or critique
- ⊕ Goal = reduction of stress symptoms
- ⊕ Often followed up with a CISD
- Active process
- ⊕ Provided by trained CISM team
- Requires casual or formal follow-up

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Defusing:

- ⊕ Requires a minimum team of two
- ⊕ May be provided by trained peers
- ⊕ Does not require a mental health professional
- ⊕ One member of the team plays the role of the team leader
- ⊕ Should be provided in a neutral environment

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Defusing Phases:

- ⊕ Introduction
 - 5-7 Minutes
- ⊕ Exploration
 - 10-30 Minutes
- ⊕ Information
 - 5-15 Minutes

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Introduction Phase:

- ⊕ Introduce team members
- ⊕ State purpose / describe process
- ⊕ Motivate participants
- ⊕ Set ground rules
- ⊕ Stress confidentiality
- ⊕ Not investigative
- ⊕ Please finish

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Exploration Phase:

- ⊕ Ask for brief description of event
- ⊕ Ask clarifying questions
- ⊕ Group members share experiences
- ⊕ Assess need for more help
- Reassure as necessary

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Information Phase:

- ⊗ Accept / summarize the exploration provided by the group
- ⊗ Normalize experiences and / or reactions
- ⊗ Teach stress survival skills
- ⊗ Stress importance of diet/no alcohol

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Information Phase:

- Emphasize taking care of self
- Rest / family life / exercise
- Offer additional help such as one-on-ones

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Defusing:

- ⊗ Rapid response to a traumatic incident
- ⊗ The team goes in "cold" to a "hot" incident
- ⊗ A defusing demands flexibility on the part of the team members

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Defusing:

- There is no set of pre-arranged questions
- Questions are developed "on the spot"
- If a defusing goes too deep, team members gently shift to more cognitive questions

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Defusing Goals:

- ⊗ Reduce stress and tension
- ⊗ Accelerate a return to normal function
- ⊗ Identify individuals who may need more assistance
- ⊗ Prepare the participants to accept further services if they are required

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Defusing Groups:

- Homogenous
- Mission complete
- Roughly equal exposure to the traumatic event

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If a defusing is missed, or if it is impossible to provide due to circumstances beyond the control of the CISM team, then the efforts to provide the defusing should be abandoned and the team should prepare to provide a CISD when appropriate

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When a defusing is not provided, for whatever reason, CISM team members should attempt to contact individuals to see if they are doing okay. Provide one-on-one support services until the CISD can be set up

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Critical Incident Stress Debriefing (CISD)

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“Debriefing”:

The term “debriefing” has been used frequently in the theory and practice of crisis intervention.

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Used within the context of CISM, the term “Debriefing” refers to a 7-phase structured small group crisis intervention more specifically named Critical Incident Stress Debriefing (CISD).

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The ICISF Model: CISD



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7 Curative Factors in Groups:

(Yalom, 1970)

- ✦ Learning from Others
- ✦ Catharsis
- ✦ Group Cohesion, Belonging
- ✦ Personal Insight
- ✦ "World View" Awareness
- ✦ Universality
- ✦ Instillation of Hope

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Critical Incident Stress

Debriefing (CISD):

(Mitchell, 1983; 1988; 2001)

- A Structured Groups Discussion of a Crisis Event
- 1 to 3 Hours in Length
- Not Therapy But Requires Specialized Training of Team Members
- 7 Phases

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CISD:

- ✦ Not Operations Critique
- ✦ Goals: 1) Mitigate Impact of Traumatic Event, 2) Accelerate Normal Recovery Processes, 3) Identify Individuals Who May Need Additional Assistance
- ✦ CISD Generally Provided 24-72 Hours After the Incident

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CISD Essential Requirements:

- Designed for Small Homogenous Groups
- Mission Completed
- Roughly Equal Exposure to the Traumatic Experience

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CISD Requires a Team Approach:

- ✦ **Mental Health Professional**
- ✦ Several Peer Support Personnel
- ✦ Clergy / Chaplains
- ✦ Minimal Team Is Two

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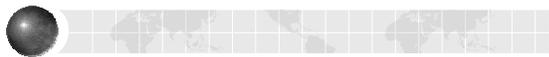


CISD Is:

- Group Crisis Intervention
- Part of a Comprehensive, Systematic and Multi-tactic Approach Called CISM
- Prevention Oriented
- A Process to Close Out the Acute Phase of a Traumatic Event and Move the Group Toward the Healing and Recovery Phase

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Goals of CISD:

- ✦ Mitigate Acute Stress Reaction
- ✦ Accelerate Normal Recovery Processes in Normal People Who Are Having Normal Reaction to Abnormal Events
- ✦ Screen for People in the Group Who May Need Additional Support or Referral

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Indications For CISD:

- Group Symptoms
- Change in Behaviors
- Symptoms Continue
- Symptoms Increase
- Regression

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Other CISD Indications:

- ✦ Acting Out
- ✦ Mental Confusion
- ✦ Self Destructive Thoughts

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CISD 7 Phases: (ICISF Model)

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CISD 7 Phases:

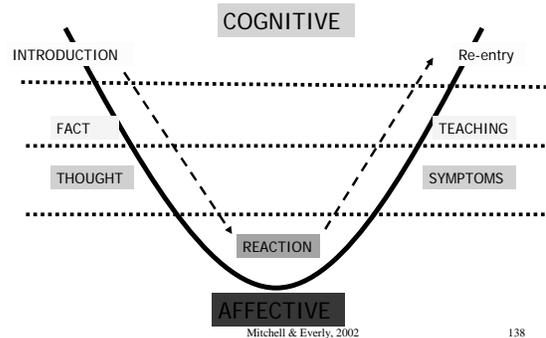
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|----------------|------------|
| ✦ Introduction | ✦ Symptom |
| ✦ Fact | ✦ Teaching |
| ✦ Thought | ✦ Re-entry |
| ✦ Reaction | |
- Pg. 82, 90

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Stages of a CISD



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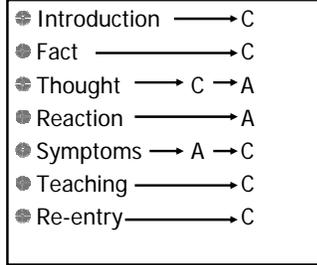
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Know Where You Are in CISD

• Domain:

1) Cognitive

2) Affective



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Introduction Phase:

- Introduce Leader and Identify Support Staff
- Explain Purpose of CISD
- Describe CISD Process
- Motivate Participants
- Lay Out Ground Rules or Guidelines
- Preview First Questions
- Answer Questions

Pg. 87-89

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Fact Phase:

- Who Are You
- What Was Your Role in the Incident
- Please Relate a Brief Description of Your Experience During the Event

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Alternative Fact Phase:

- Used When Larger Than Expected Group Shows up at CISD
- Used When the Administrator Places the CISD Team Members Under an Arbitrary Time Restriction
- Who Arrived First; What Happened
- Who Came in Next; What Happened, Etc.

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Thought Phase:

- First or Most Prominent Thought Once You Realized You Were Thinking
- Any Unusual, or Discomforting Thoughts

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Reaction Phase:

- Worst Thing About the Experience?
- Something You Wish Could Be Erased?
- Anything That Would Have Made the Situation a Bit Easier to Manage Had It Not Happened?

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Symptoms Phase:

- How Has This Experience Shown up in Your Life?
- Signals of Distress at Scene
- Signals Next Few Days
- Leftovers Now

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Teaching Phase:

- Begin by Discussing the Signals of Distress Brought up by the Group
- Teach Stress Management Tactics
- Teach According to the Needs of the Group
- Anything Positive or an Important Lesson Learned From the Experience

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Re-entry Phase:

- Integrate
- Explain
- Answer Questions
- Summarize
- Thank, Acknowledge, Validate, Encourage
- Provide a Sense of Closure to the Acute Phase

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Important CISD Considerations:

- Convenient Time
- All Involved Operations Personnel Invited
- Personnel Relieved of Duties
- Ideal Group Size Is 4-20
- Homogeneous Groups
- One Helper for Every 5-7 Participants
 - Minimum of 2

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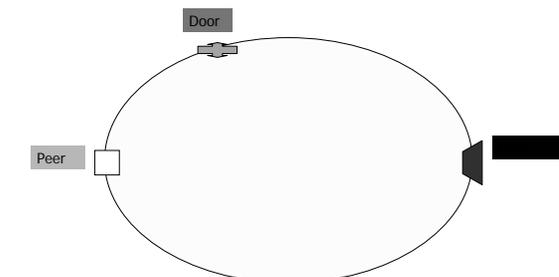
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Important CISD Considerations:

- Closed Circle Format
 - Strict Confidentiality
 - No Breaks
 - Timing Is Important
 - Location and Physical Environment
- Pg. 90-91**

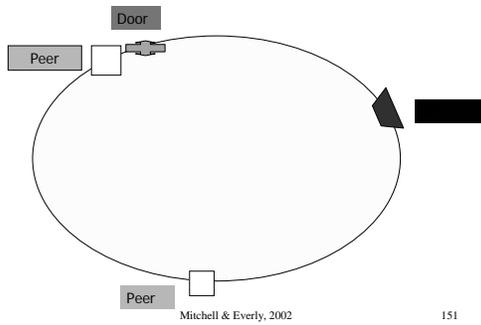
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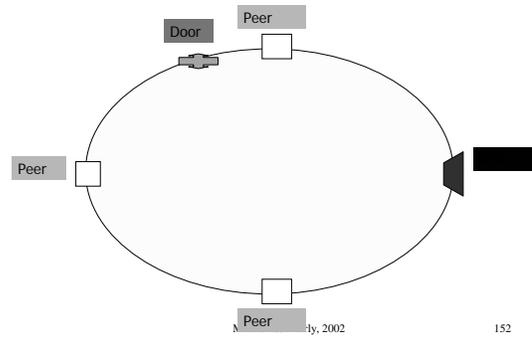


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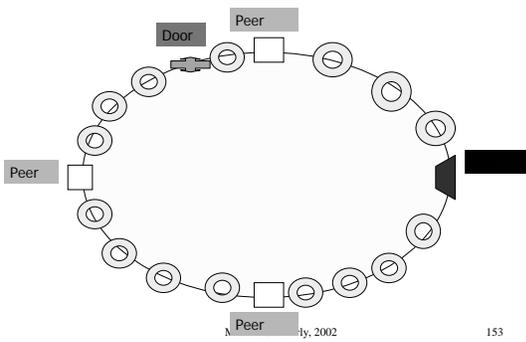
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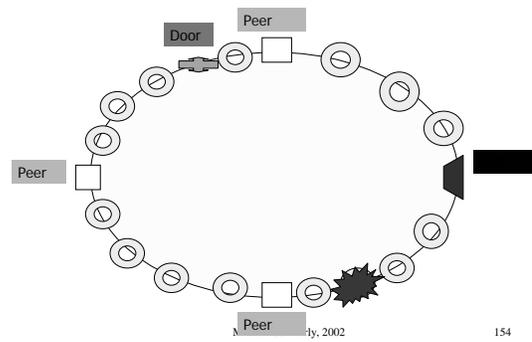
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CISD Videotape

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CISD Role Playing

- Mental Health Professional (debriefer)
- Peer support person, pilot if possible (debriefer)
- Peer support person of any designation (debriefer)
- Group member police officer
- Group member who is the incident commander
- Group member(s) of any designation

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● *Role Playing Q & A*

(“Serious CISD Mistakes” Pg. 98-99)

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Family Support

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Family Support:

- The Person in Crisis May Spread Intense Feelings to Family Members
- Family Support is an Important Aspect of CISM
- Family Support is Typically Provided By Those With Special Training

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Organizational / Community Crisis Response

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● *Organizational / Community Crisis Response:*

Consists of risk assessment, pre- and post incident strategic planning, tactical training and intervention, and the development of a comprehensive crisis plan.

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Pastoral Crisis Intervention (PCI)

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Pastoral Crisis Intervention:

The functional integration of the principles and practices of psychological crisis intervention with the principles and practices of pastoral support.

(Everly, 2000)

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Standard of Care:

A generally recognized and accepted procedure, intervention, or pattern of practice.

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CISM As A Standard of Care:

In many organizations and communities, CISM is the standard of care in response to many psychological crisis.

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CISM is the most widely used crisis intervention system in the world.

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The challenge in crisis intervention is not only developing TACTICAL skills in the “core intervention competencies,” but is in knowing when to best STRATEGICALLY employ the most appropriate intervention for the situation.

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Crisis Intervention Strategic Planning Formula:

- “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?)
- “Resources” (What intervention resources are available to be mobilized, for what target groups, when?)

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Creating a Crisis Management Plan:

- CISM Teams Operate Within the Incident Command System
- Formulate Team Command Structure
- Employ **Target, Type, Timing, & Resources** Planning Formula (Generic All-Hazards vs. Threat-specific)

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Creating a Crisis Management Plan:

- Assess Ability to Provide Integrated, Multi-Component Continuum of Crisis Care (e.g. CISM)
- Train to Tactical Competency

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Remember:

CISD / CISM are not substitutes for psychotherapy. Rather, they are elements within the emergency mental health system designed to precede and complement psychotherapy, i.e., part of the full continuum of care.

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CISM Summary:

- Relatively Easy to Learn
- Many Applications
- A Century Old Tradition
- Proven Track Record

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Critical Incident Stress Management

- Question/Answer period
- Course conclusion
 - Make sure you are signed in for both sessions
 - Complete course evaluation
- Certificates of Completion

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