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


**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

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) Occurrence 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
CRITICAL INCIDENT TRAUMA
FOR EMERGENCY SERVICE PERSONNEL

CRITICAL INCIDENT:

Any situation beyond the realm of a person's usual experience that overwhelsms
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)

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

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.
THE PHASES OF CRITICAL INCIDENT TRAUMA

I THE SITUATION EXPLODES

Alarm Reaction: Adrenalin burst
Physiological Arousal

Focus on Action ("auto-pilot")

<table>
<thead>
<tr>
<th>Perceptual distortions commonly experienced by officers during moments of peak stress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Distortion</strong></td>
</tr>
<tr>
<td>83%</td>
</tr>
<tr>
<td>Slow motion</td>
</tr>
<tr>
<td>Fast motion</td>
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</tbody>
</table>

II SHOCK/DISRUPTION the person may initially be dazed, inattentive, confused—this may last for a few minutes—or a few days

Stress comedown reactions
tremors/shakes confusion crying
lightheaded hyperventilation nausea
rapid pulse chills sweats

*These are stress reactions—not signs of weakness*

Denial
Feeling of disbelief
Numbness, with occasional anxiety breakthrough
Running on "auto-pilot"
Difficulty remembering details of the event
Difficulty comprehending significance of what happened or
Upset, emotional
Mad/Sad/Scared
may feel elated for having survived a critical encounter

Hyper
Agitated, irritable, overactive

Feeling of Isolation
"No one really cares or understands"

Heightened sensitivity to the reactions of others
Preoccupation with event "Its all I can think about"
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/BORROW/REMOSE................................ 37
12. MARK OF CAIM........................................... 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 WAX 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

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>COGNITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain*</td>
<td>Decreased alertness to surroundings</td>
</tr>
<tr>
<td>Difficulty breathing*</td>
<td>Difficulties making decisions</td>
</tr>
<tr>
<td>Excessive blood pressure*</td>
<td>Hyper alertness</td>
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<tr>
<td>Collapse from exhaustion*</td>
<td>Generalized mental confusion</td>
</tr>
<tr>
<td>Cardiac arrhythmias*</td>
<td>Disorientation to person, place, time</td>
</tr>
<tr>
<td>Signs of severe shock*</td>
<td>Serious disruption in thinking</td>
</tr>
<tr>
<td>Excessive dehydration*</td>
<td>Seriously slowed thinking</td>
</tr>
<tr>
<td>Dizziness*</td>
<td>Problems in naming familiar items</td>
</tr>
<tr>
<td>Excessive vomiting*</td>
<td>Problem recognizing familiar people</td>
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<tr>
<td>Blood in stool*</td>
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</tbody>
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<table>
<thead>
<tr>
<th>EMOTIONAL</th>
<th>BEHAVIORAL</th>
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</thead>
<tbody>
<tr>
<td>Panic reactions</td>
<td>Significant change in speech patterns</td>
</tr>
<tr>
<td>Shock-like state</td>
<td>Excessively angry outbursts</td>
</tr>
<tr>
<td>Phobic reaction</td>
<td>Crying spells</td>
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<tr>
<td>General loss of control</td>
<td>Antisocial acts (e.g., violence)</td>
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<tr>
<td>Inappropriate emotions</td>
<td>Extreme hyperactivity</td>
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</tbody>
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* Indicates a need for medical evaluation.
## Distress Signals NOT Requiring Immediate Action

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