Critical Incident Stress Management (CISM)

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CISM Team Coordinator
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Civil Air Patrol

Credentials?

- Psych/English, AAS, AA, AGE, ADN; RN, AEMT
- 10 years EMS, 5 years Level One Trauma Center ER/Detroit
- Crisis Team Member IMT/Southfield, MI
- Introduced/Designed CISM Program MIWG ‘97
  - First CAP CISM Team Nationally
  - Introduced CISM at Atlanta National Boards 1998
- Civil Air Patrol Member since 1990
  - SQ PAO/Medical, Vice CC for Cadets, Group Admin., Wing PAO/PAOA, Wing Medical Director/SOA (ADY), Wing CISM (ADY), Region CISTC
  - Awards/Certifications Experience Available ;)

CISM

- About CISM
  - Stress
  - Stress Management
- How to get started
  - Establishing local contacts
  - Forming a team
- CAPR 60-5
  - Great Lakes Region Team
  - Wish list

CISM

Critical Incident Stress Management

CISM

"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."

CISM: What It Is …

- **Designed to … Maintain the health and productivity of CAP members**
- **Enhance cohesiveness and bonding**
- **Prevent/mitigate traumatic stress effects**
- **Ventilate and validate feelings**
- **Reduce the fallacy of abnormality**
- **Restore personnel to normal function**
- **Pre/post-incident education/referral**

CISM: What It Isn't ...

- **A critique of operations**
  - **No notes, no judgments, no evaluations, no gathering of information for later use, no finger pointing, no speaking for anyone but yourself**
- **Counseling**
  - **No involvement with private concerns, violence in the workplace or schools**

STRESS Is ...

- A Response to a Perceived Threat, Challenge or Change
- A Physical and Psychological Response to a Demand
- A State of Physical and Psychological Arousal

STRESS Can Be …

- Positive and Negative; Stress = Change
- Good Stress is Motivating
  - New car/You're HIRED!
- Bad Stress may lead to health erosion
  - Bad grades/You're FIRED!
- Individuals Vary In Their Ability to Manage Stress

Responses To Stress

- Some people exposed to the same event may not suffer any effects. Stress reactions can be alarming and unsettling; remember that you are NOT losing your mind or “falling apart.”

- Dr. David Banner/The Hulk

CISM Stress

- **Traumatic stress:**

"***Any event which has sufficient emotional power to overwhelm a person's ability to cope.***"

- Jeffery T. Mitchell, Ph.D.

Signs/Symptoms of Distress

- **Physical:**
  - **Nausea, Fatigue, Rapid Heart, Difficulty Breathing, Muscle Cramps, Headaches**
- **Emotional**
  - **Anxiety, Guilt, Grief, Denial, Fear, Depression, Panic, Irritability, Depression, Apprehension**

Signs/Symptoms of Distress

- **Cognitive**
  - **Memory/Attention/Decision Problems, Nightmares, Flashbacks, Hyper-alertness**
- **Behavioral**
  - **Withdrawal, Restlessness, ETOH, Avoidance, Speech/Appetite Changes, Gallows Humor, Pacing**

Stress Reactions

- **The physical, emotional, cognitive and behavioral responses to stress listed earlier are normal reactions that normal people experience after an abnormal event. The intensity and frequency of these reactions usually decrease after one to three weeks. They are *self-limiting*.**

CISM

- **Pre-Deployment**
  - Training, Selection of Personnel, Briefings
- **Emergency Operations**
  - On Scene Support, Stress Mgmt. Techniques
    - Intercessions for work crews as needed
- **Post-Deployment**
  - Demobilizations, Defusings, Debriefings

CISM/ICISF

- **ICISF (formerly Mitchell) Model**
  - **For high-risk occupational groups**
    - **Firemen, EMS, Police, Emergency Medicine, Disaster Response Personnel, Military**
- **No Badge Collectors**
  - **Confidentiality is key to success**

CISM/ICISF

- **Interventions:**
  - **Debriefings**
    - **MHP led and peer supported**
    - **1½-3 hour group meeting, 7 phases**
  - **Defusings**
    - **Peer led group meeting, 20 min.-1 hour, 3 phases**
  - **Demobilization**
    - **Peer led for large scale disaster**
    - **30 minutes information/food/rest**

CISM Goals

- Rapid Reduction of Intense Reactions
- Keep Affected Members Functioning
  - Members share information, responses and feelings about the incident
  - Supply information and skills to help with the coping process
  - Reaffirm that they are valued and important
  - Instill confidence in their ability to handle their reactions to this event
  - Access additional support resources

Debriefing Incidents:

- Mass casualty/multiple deaths
- Death or injury to a child
- Serious injury/death in the line of duty
- Prolonged SAR time/excessive media
- Excessive media attention
- Outsiders/family interfering with operations
- Victim known to the members/personal identification
- Any incident which is extremely grotesque by sight, smell, sound or other circumstance likely to produce an emotional (memory) imprint

CISD Debriefing

- **Purpose of the CIS Debriefing**
  - **Bring the event to life in a safe setting**
  - **Identify and validate intense feelings**
  - **Predict and prepare participants for possible potential after effects**
- **The Debriefing Process**

CISD (Debriefing) Guidelines

- Voluntary Participation
- Strictly Confidential
- No Breaks
- No Rank/Grade: Everyone is Equal
- Not Operational Investigation or Critique
- No Notes
- Incident Specific, Situational
- Cell Phones and Pagers OFF
- Identify Anyone Who Shouldn't Be There

Factors Influencing Recovery

- Previous experience with loss/trauma
- Intensity of event
- Proximity to event
- Identification with victims
- Degree of social support
- Age, sex, personality and maturity level
- Outcome of the event
- Cause of the loss or injury

The Recovery Process

- Appropriate physical exercise/rest
- Structure your time - keep busy
- You're not crazy - normal reactions
- Talk is the most healing medicine
  - Reach out, people DO care
  - Give yourself permission to feel rotten for awhile; share those feelings with others
- Don't "numb the pain" with drugs/ETOH

The Recovery Process

- Maintain a normal schedule
- Keep a journal through sleeplessness
- Make as many daily decisions as possible
- Don’t fight reoccurring thoughts dreams or flashbacks, they are normal - they will decrease over time and become less painful
- Eat well balanced and regular meals, get plenty of rest

Recovery - Family Members

- Listen carefully
- Spend time with the traumatized person
- Offer your assistance with daily tasks
- Reassure them that they are safe
- Give them some private time
- Don’t take their anger personally
- Tell them you are sorry the event occurred and you want to help them

CISM

Getting Started

CISM – Getting Started

- **Wings self-assess for CIST need**
  - **Low/high mission exposure?**
- **High? Gain Support**
  - **Mental Health Professional**
    - **Who is already trained, who can you recruit?**
  - **ES/Peers/Chaplains**
    - **Who is already trained, who can you recruit?**
  - **Identify/use local teams**
    - **ICISF, Web search CISM/CISD (or phone book)**
    - **Contact local EMS/Fire/Police/USAF/ANG**
    - **National (HQ/CAP/DOS)**

CISM – Getting Started

- **Name a Coordinator**
  - **Record keeping of members/credentials**
  - **Recruiting team members**
  - **Training**
  - **Pre-Incident and Continuing education**
    - **Team members and general membership**
  - **Deploying teams**
  - **Working with CC's/MC's**
  - **Reports to HQ**

CISM – Getting Started

- **Arrange ICISF training for yourself and your team members**
  - **Find established teams, train with them**
    - **Ask to work cooperatively in exchange**
  - **Sponsor your own ICISF training**
    - **“Dedicated” course**
- **Continually review materials**
  - **Have contact list with you at all times**
  - **Hold mock debriefings/trainings**

CISM – Getting Started

- **Don't need your own team?**
  - **Identify local teams, make contacts**
    - **Local ICISF trained teams**
      - **EMS, Fire, Police, ER's, USAF/ANG**
    - **Make a master list (copy to Region)**
    - **Find out who is already ICISF trained in CAP**
    - **Recruit trained CIS/ICISF personnel for CAP**
- **National CAP (HQ CAP/DOS)**

CISM

CAPR 60-5

CAPR 60-5 CIST Membership

- **Regional CIS Teams: 3 each of …**
  - **Mental Health Professional**
    - **Psychiatrist/Psychologist/MSW)**
  - **Medical Professional**
    - **(Trauma/ICU Doc/Nurse)**
  - **Pastoral Support**
    - **(ES qualified Mission Chaplain)**
  - **Peer Representative**
    - **Non-caregiver advocate**
  - **Family Support**
    - **Representative to assist with the family**

CAPR 60-5 CIST Training

- **Team members require specific training**
  - **CIST Chief**
    - **MHP with Advanced CISM training (etc.)**
  - **CIST Members**
    - **Basic CISM course, ICISF model**
    - **Peer support/crisis intervention courses suggested**
- **Course Scheduling**
  - **ICISF http://www.icisf.org/ or call 410.750.9600**
  - **Cost is borne by each member**
    - **Consider sponsorship/funding/donations/dedicated course**

CAPR 60-5 Serving on a Team

- **Documentation of credentials and contact information to HQ CAP/DOS**
- **Currency**
  - **CIST Chief maintains professional credentials and**
    - **Participates in one actual CIS event per five years or**
    - **Attends a CAP sponsored refresher per five years**
  - **CIST Member**
    - **Same actual incident participation as with MHP or**
    - **Attends the basic CISM course again within five years of initial qualification**

CAPR 60-5 Team Activation

- **Support Requests**
  - **During/near conclusion of activity**
    - **After is too late … members have dispersed**
    - **Do NOT forget to observe ancillary personnel**
  - **Any member can request the team for themselves or their co-members**
    - **Contact Incident CC (Wing CC if activity suspended)**
- **Deployment**
  - **Wing CC will request CAP or local CISM team**
    - **Pre-incident contact information is crucial**
    - **Incident information regarding participants is crucial**

CAPR 60-5 Team Funding

- **Requestor shall provide team food/shelter**
  - **Non-reimbursable**
    - **Suggest using host families**
  - **For SAR and Disaster Relief Missions**
    - **CAPR 173-3 Normal Mission Costs Reimbursable**
    - **CIS Funding does NOT affect training allotments**
  - **Outside of SAR/DR**
    - **Concurrence of HQ CAP-USAF/XO and HQ CAP/DO**
    - **Funding addressed on a case by case basis**

CAPR 60-5 Reporting

- **Funded/Non-Funded Utilization**
  - **AAR (After Action Report) to HQ CAP/DOS**
    - **There was an event (general description)**
    - **Number of personnel supported (no names)**
    - **Confidentiality Highly Supported**
    - **Follow-up recommendations will be made by MHP's as needed**

CAP National Boards 2001

Great Lakes Region CIS Team

GLR CIS Team

- Research/proposal MIWG 1991-1994
  - Nag (then) MAJ Bill Charles
  - Research Critical Incident Stress
    - Find out who is doing what/where/when/how/why
  - Take the training
  - Network; establish contacts in the field
  - Establish interest in the membership
  - Train them (MIWG team trained <free> 1997)
- National interest (Atlanta Boards ’98)
  - Nag MAJ John Desmarais

GLR CIS Team

- Examine need from Regional perspective
  - Nag COL Wm. S. Charles II and LTC Larry Sidle
    - Work with those you nag; write protocols/plans
- Establish website to increase networking
  - Respond to all inquiries within 24-48 hours
- Contact all wings to educate, gain interest
  - Find and recruit trained CISM personnel/MHP's
  - Press releases/continuing ed. *monthly* to each state
    - SQ mailing per Wing HQ if no web site or Wing newsletter
    - (encourages support … a.k.a. refined nagging)
  - Remember NOTHING IS IMPOSSIBLE

GLR CIS Team

- Establish contact list for each wing
  - MHP's from local talent and CAP
  - Wing CC's, pilots, ES leaders/personnel
  - PAO/webmaster to distribute educational materials
  - Members with medical/EMS/Police experience
- Make appearances, educate
  - ES SAR/DR, trainings, SQ mtg.'s
  - Recruit/train those who show interest
  - Communicate with contacts
    - Email is the eighth wonder of the world

GLR CIS Team

- **GLR Wish List**
  - **Find all positions on the CAPR 60-5 at least three deep before deadline March 2002**
  - **Establish communications with all states and have each active in their own CISM program or support system, with local contacts**
  - **ICISF certified instructor to train CAP members**
- **Make sure NO ONE slips through the cracks and becomes the second victim of trauma**

GLR *CISTC

- Contact sherryljones@ameritech.net
  - Alternate email sjones@glr.cap.gov
  - GLR CISM URL http://glr.cap.gov/cism

- (H) 586.773.2629
- (C) 586.362.7437

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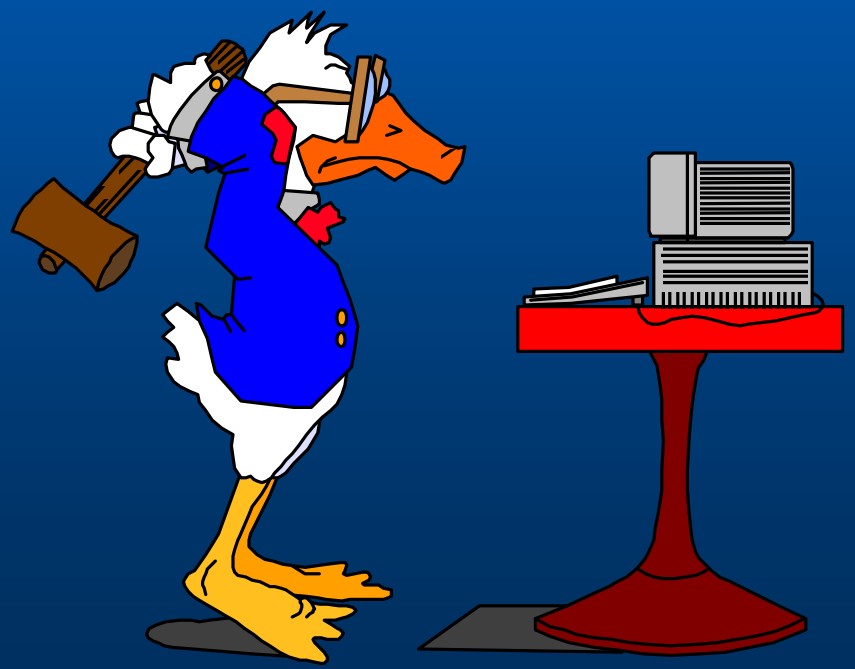

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Questions?