

# Critical Incident Stress Management

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International Critical Incident Stress Foundation, Inc.

HELPING SAVE THE HEROES...

# 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**

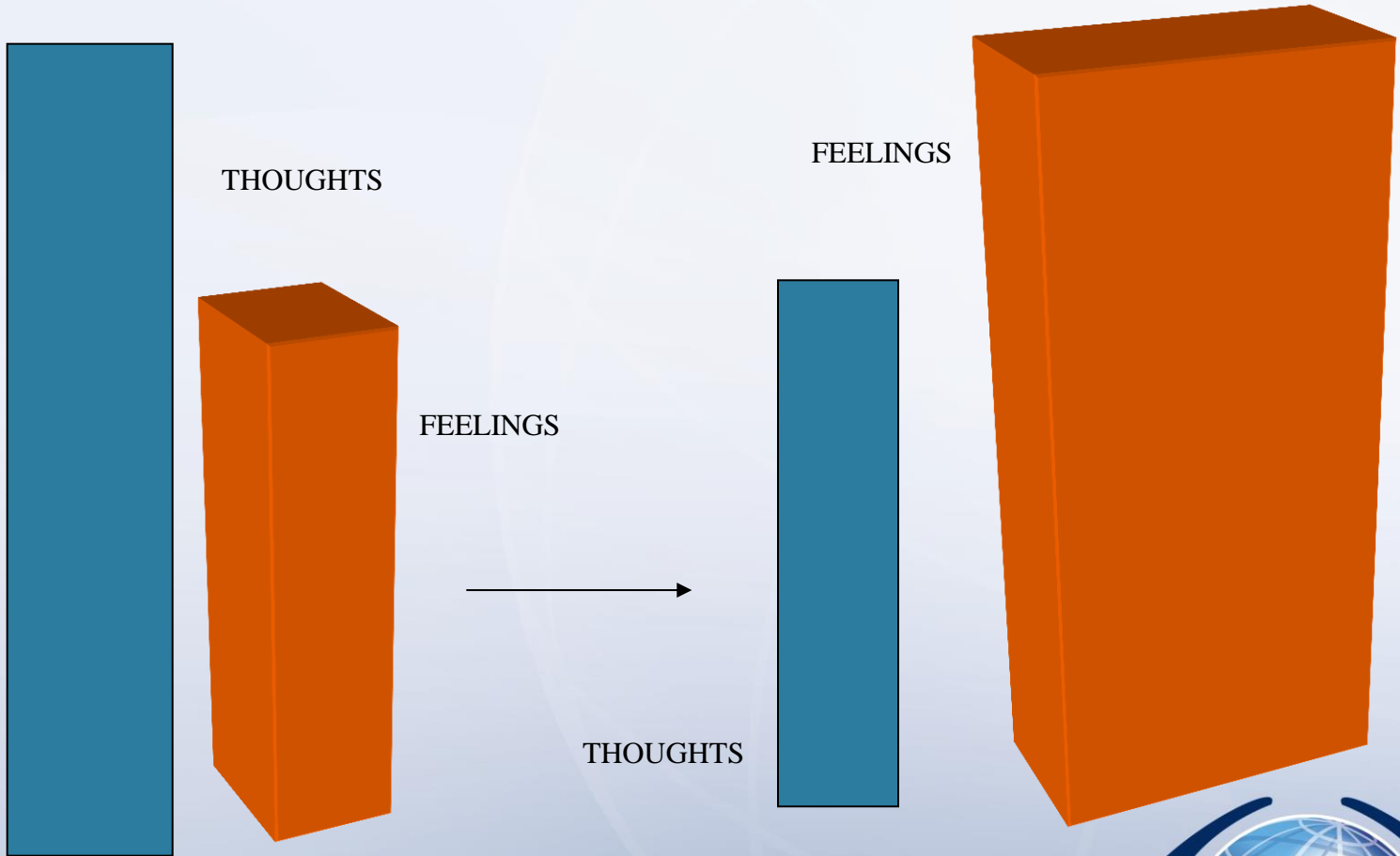
*...a state of emotional turmoil*

# Crisis

A crisis is an acute emotional reaction to some powerful stimulus or a demand

# PRE-CRISIS

# CRISIS



# 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.)





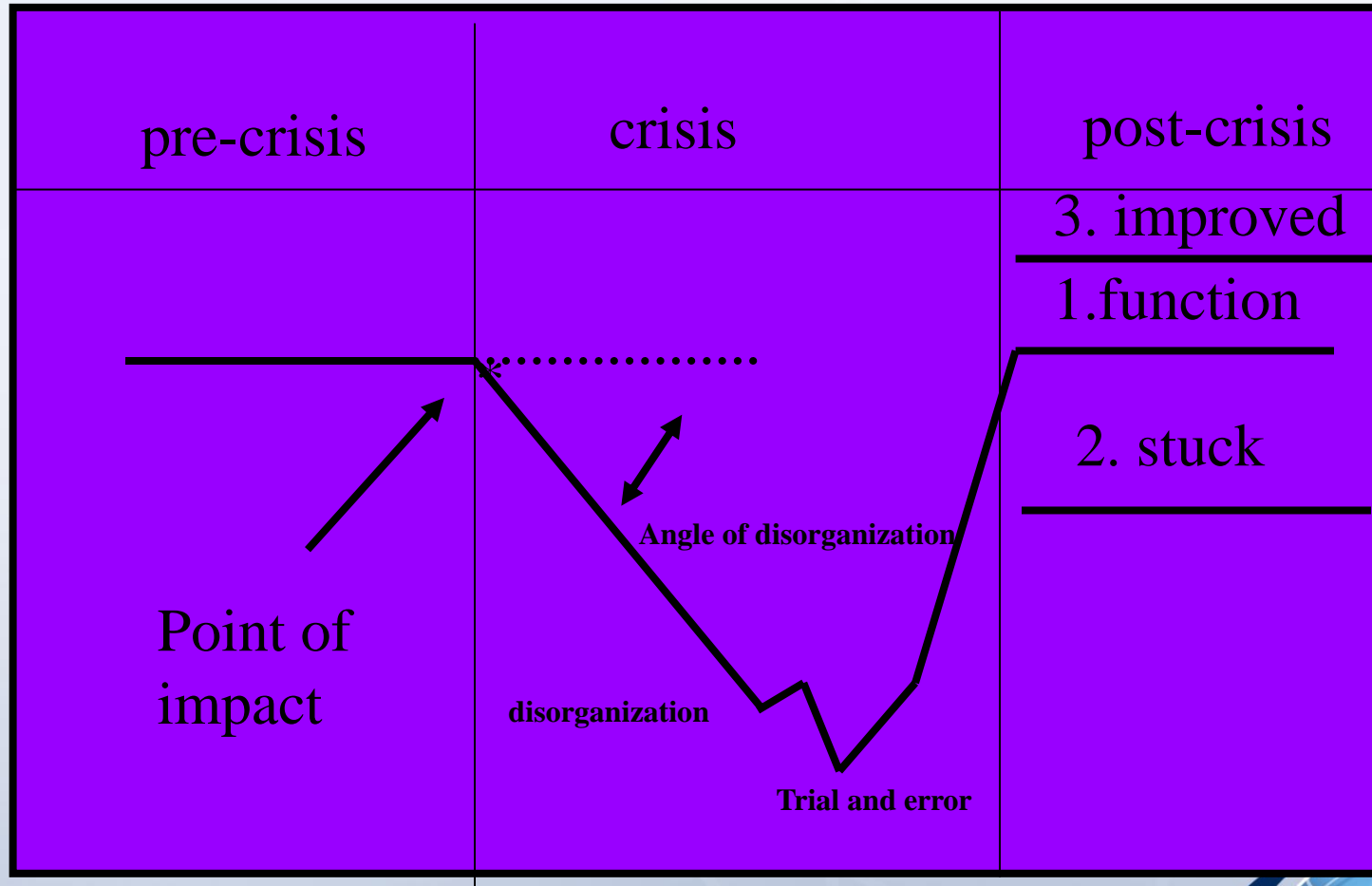
# Characteristics of a Crisis

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

(Gerald Caplan, MD, 1964)



# STAGES OF CRISIS





# 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 7days 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



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# *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



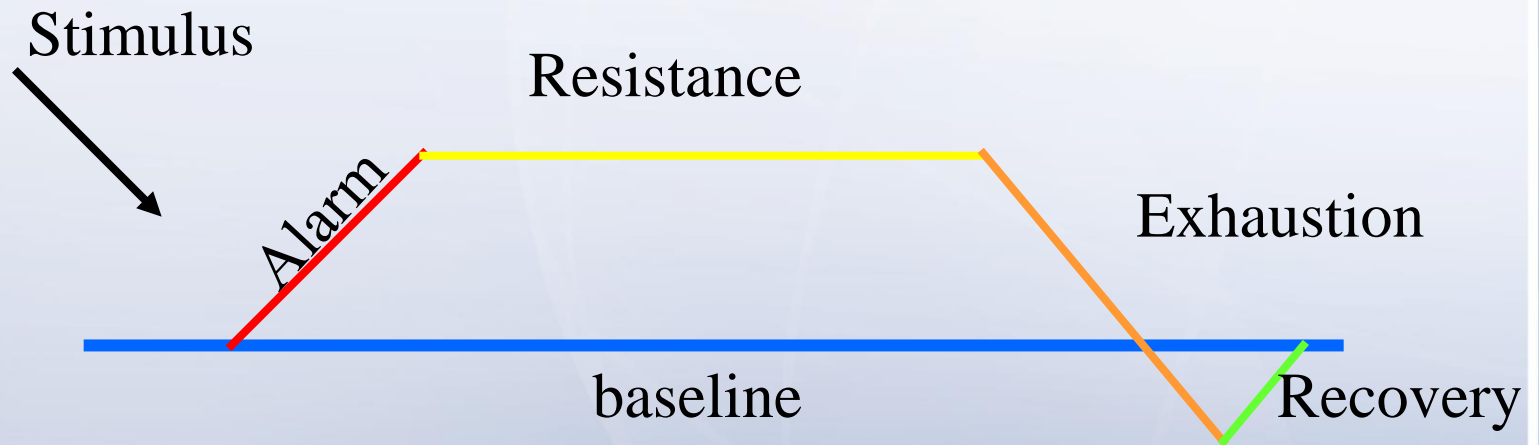
# General Adaptation Syndrome

- 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



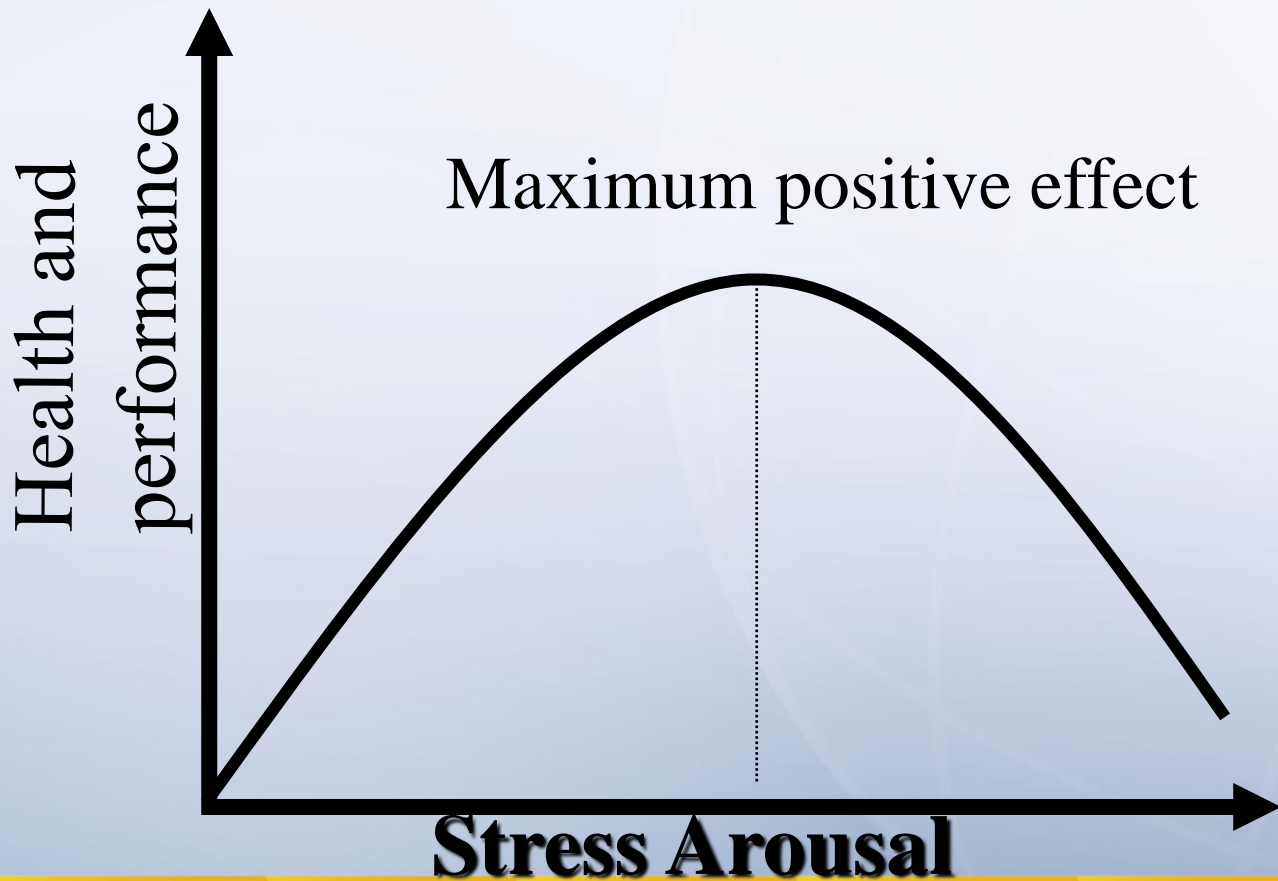
# Main Types of Stress

Eustress- positive

Distress- negative



# Eustress vs. Distress



# 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*

- Substance abuse
- Withdrawal
- Depression
- Brief Psychotic Reaction
- Panic attacks
- Panic disorder
- Changes in personality
- Loss of self confidence
- Increased anxiety
- Increased irritability





# 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

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