

# **Kosciusko Critical Incident Stress Management**

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In small doses, some stress is actually good for you. The reality, however, is that life is full of hassles, heartaches, deadlines, frustrations, and demands. For many people, stress is so commonplace that it has become a way of life.

Stress is a normal physical response to events that make you feel threatened or upset your balance in some way. When you sense danger – whether it’s real or imagined – the body’s defenses kick into high gear in a rapid, automatic process known as the “fight-or-flight” reaction, or the *stress response*. The stress response is the body’s way of protecting you.<sup>1</sup>

### **Now What?**

How many times have you experienced a letdown after a special event such as an once-in-a-lifetime vacation or particularly special holiday? Emotions are on high, the excitement is in the air, but when it is all said and done there we may experience a void as we return to reality. Soon that void is filled with activities of normal day-to-day activities and the special event is a wonderful memory.

But what happens when we experience a tragic event?

An employee just witnessed a coworker of many years get a hand crushed inside a piece of equipment. After the employee was freed from the machine and taken to the hospital via ambulance, the coworker was left at the scene trying to make sense of it all. Now what?

The first emergency crews to arrive on scene after a fiery explosion that left several dead and burned beyond recognition are face-to-face with victims they have worked with, neighbors, played in same church softball league, etc. Now what?

Fire and emergency crews are called to crash involving teenagers on their way home after prom, not all were wearing seatbelts. Those wearing their seatbelts escaped with their lives, the other weren’t so lucky. Now what?

Far too often the supervisor instructs their employees to get the machine back up and running, we have orders to fill, or first responders to clean and get back to work, or Fire and EMS personnel shake it off we have another call to respond to. No time or support is given to those whom have witness such a tragic event.

As public or private employers, do we not owe it to our employees or first responders or emergency crews to provide for stress debriefment?

### **What is Stress Debriefment?**

Debriefing is a specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure or critical

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<sup>1</sup> Melinda Smith, M.A., Robert Segal, M.A., and Jeanne Segal, Ph.D., *Understanding Stress Symptoms, Signs, Causes, And Effects*, [http://www.helpguide.org/mental/stress\\_signs.htm](http://www.helpguide.org/mental/stress_signs.htm) (December 2011)

incident.<sup>2</sup> Debriefing allows those involved with the incident to process the event and reflect on its impact.

A "critical incident" is any event that has significant emotional power to overwhelm usual coping methods. These include a sudden death in the line of duty, serious injury from a shooting, a physical or psychological threat to the safety or well being of an individual or community regardless of the type of incident. Moreover, a critical incident can involve any situation or events faced by emergency or public safety personnel (responders) or individual that causes a distressing, dramatic or profound change or disruption in their physical (physiological) or psychological functioning.<sup>3</sup>

Post Traumatic Stress Disorder ("PTSD") is the usual diagnosis that Mental Health Professionals apply to persons who have suffered severe trauma in their lives and develop certain symptoms as a result of that traumatic event. PTSD is characterized by psychologically re-experiencing the event through nightmares, daydreams, flashbacks and/or intense distress when reminded of the original event. There may be symptoms of avoiding things that remind one of the traumas, social isolation, a feeling of being different from other people and a general lack of interest in the world. Other symptoms include tension and anxiety, such as difficulty falling asleep, irritability, and outbursts of anger, trouble concentrating or being exceptionally jumpy. Any individual who has experienced trauma may suffer from these symptoms. Being in crisis, however, doesn't mean the individual will develop Post Traumatic Stress Disorder. PTSD may occur if the victim hasn't had the opportunity to work through their crisis.<sup>4</sup>

While neither the pattern nor the severity of their psychological reactions may justify a formal psychiatric diagnosis, there are certain reactions that have been observed consistently in first responders. These include anxiety, hyperarousal, hypervigilance, painful recollections, and grief.<sup>5</sup>

Other investigators have reported high levels of alcohol consumption among trained and volunteer personnel. However, two points should be considered. First, high levels of alcohol consumption may not directly reflect the impact of disaster work, as it is well

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<sup>2</sup> Joseph A. Davis, Ph.D., Providing Critical Incident Stress Debriefing (CISD) to Individuals and Communities., [http://placerchaplains.com/Documents/Chapter%204\\_Critical%20Incident%20Stress%20Debriefing.pdf](http://placerchaplains.com/Documents/Chapter%204_Critical%20Incident%20Stress%20Debriefing.pdf), (1998)

<sup>3</sup> Joseph A. Davis, Ph.D., Providing Critical Incident Stress Debriefing (CISD) to Individuals and Communities., [http://placerchaplains.com/Documents/Chapter%204\\_Critical%20Incident%20Stress%20Debriefing.pdf](http://placerchaplains.com/Documents/Chapter%204_Critical%20Incident%20Stress%20Debriefing.pdf), (1998)

<sup>4</sup> Joseph A. Davis, Ph.D., Providing Critical Incident Stress Debriefing (CISD) to Individuals and Communities., [http://placerchaplains.com/Documents/Chapter%204\\_Critical%20Incident%20Stress%20Debriefing.pdf](http://placerchaplains.com/Documents/Chapter%204_Critical%20Incident%20Stress%20Debriefing.pdf), (1998)

<sup>5</sup> Palm KM, Polusny MA, Follette VM: Vicarious traumatization: Potential hazards and interventions for disaster and trauma workers. Prehospital Disast Med 2004;19:73-78

known that among emergency personnel, high levels of alcohol use are part of their “professional culture”.<sup>6</sup>

First responders have one of the most stressful jobs in America. Firefighters have some of the highest rates of PTSD, up to 18 percent, compared to the national average of 7 to 8 percent. First responders also have some of the highest suicides, divorce and alcoholism rates in the country—three times the national average. Alcohol abuse is more than double that of the general population.<sup>7</sup>

After the September 11, 2001, attacks on the World Trade Center (WTC), a comprehensive screening program was established to evaluate the physical and mental health of rescue and recovery workers and volunteers. On the basis of one or more standardized screening questionnaires, approximately half (51%) of participants met threshold criteria for a clinical mental health evaluation.<sup>8</sup>

While most first responder won’t face a crisis the magnitude of the World Trade Center attacks, witnessing severe trauma, dismemberment, burns and death still have an negative impact and need to be addressed. This is where critical incident stress management comes into play.

### **Examples of Reactions to a Critical Incident or Other Traumatic Stress**

#### **Physical Symptoms \*Any of These symptoms may require medical attention.**

- Chills
- Fatigue
- Nausea
- Fainting
- Twitches
- Dizziness
- Weakness
- Chest pain
- Headaches
- Elevated BP
- Muscle tremors
- Shock symptoms
- Grinding of teeth
- Visual difficulties
- Profuse sweating
- Difficulty breathing

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<sup>6</sup> Stewart SH, Mitchell TL, Wright KD, et al: The relations of PTSD symptoms to alcohol use and coping drinking in volunteers who responded to the Swissair Flight 111 airline disaster. *J Anxiety Disord* 2004;18:51–68.

<sup>7</sup> Phoenix Mission Critical Behavioral Health Technology Firefighters’ guide, 2010

<sup>8</sup> CDC Morbidity and Mortality Weekly Report, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5335a2.htm>, 2004

**Cognitive/Mental Symptoms**

- Confusion
- Nightmares
- Uncertainty
- Hyper-vigilance, watchful
- Suspiciousness
- Intrusive images
- Blaming someone
- Poor problem solving
- Poor abstract thinking
- Difficulty with numbers
- Poor concentration/memory
- Disorientation of time, place or person
- Difficulty identifying objects or person
- Heightened or lowered alertness
- Increased or decreased awareness of surrounding

**Emotional Symptoms**

- Fear
- Guilt
- Grief
- Panic
- Denial
- Anxiety
- Agitation
- Irritability
- Depression
- Intense anger
- Apprehension
- Emotional shock
- Emotional outbursts
- Feeling overwhelmed
- Loss of emotional control
- Thoughts of suicide/homicide
- Inappropriate emotional responses

**Behavioral Symptoms**

- Withdrawal
- Antisocial acts
- Inability to rest
- Intensified pacing
- Erratic movements
- Change in social activity

- Change in speech patterns
- Loss or increase of appetite
- Hyper-alert or sensitive to environment
- Increased alcohol consumption
- Change in usual communications

### **What is Critical Stress Management?**

Critical incident stress has gone by many names in the past, including; shellshock, combat fatigue, traumatic stress and most recently, posttraumatic stress. This type of stress has been described as being a normal reaction to an abnormal event. It is a type of stress encountered at incidents that are capable of causing serious injury or death.<sup>9</sup>

Critical Incident Stress Management, or CISM, is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms and given referral for further help if required. It is not psychotherapy. It is a confidential, voluntary and educative process, sometimes called 'psychological first aid'.<sup>10</sup>

First developed for use with military combat veterans and then civilian first responders (police, fire, ambulance, emergency workers and disaster rescuers), it has now been adapted and used virtually everywhere there is a need to address traumatic impact in peoples lives.<sup>11</sup> Its stated purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress disorder.<sup>12</sup>

CISM is designed to help people deal with their trauma one incident at a time, by allowing them to talk about the incident when it happens without judgment or criticism. The program is *peer-driven* and the people giving the treatment may come from all walks of life, but most are first responders or work in the mental health field. The International Critical Incident Stress Foundation (ICISF) has been endorsed by the United Nations and asked to develop common international language which will be used for previously known tools used in Critical Incident Stress Management (CISM).<sup>13</sup>

### *Defusing*

A defusing is done the day of the incident before the person(s) has a chance to sleep. The defusing is designed to assure the person/people involved that their feelings are normal, tells them what symptoms to watch for over the short term and to offer them a lifeline in the form of a telephone number where they can reach someone who they can talk to.

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<sup>9</sup> Brian G. Jatzak, Critical Incident Stress Debriefing: Helping public safety employees handle traumatic stress, 2003

<sup>10</sup> Sherry Cardinal, CISM International, [www.criticalincidentstress.com](http://www.criticalincidentstress.com), 2010

<sup>11</sup> Sherry Cardinal, CISM International, [www.criticalincidentstress.com](http://www.criticalincidentstress.com), 2010

<sup>12</sup> "Critical Incident Stress Management: Purpose" (PDF). Virginia Beach Department of Emergency Medical Services.

<sup>13</sup> Placer County Law Enforcement Chaplaincy Training Manual, [www.placerchaplains.com](http://www.placerchaplains.com), September 2007

Defusings are limited only to individuals directly involved in the incident and are often done informally, sometimes at the scene. They are designed to assist individuals in coping in the short term and address immediate needs.

### *Debriefing*

Debriefings are usually the second level of intervention for those directly affected by the incident and often the first for those not directly involved.

A debriefing is normally done within 72 hours of the incident and gives the individual or group the opportunity to talk about their experience, how it has affected them, brainstorm coping mechanisms, identify individuals at risk, and inform the individual or group about services available to them in their community. The final step is to follow up with them the day after the debriefing to ensure that they are safe and coping well or to refer the individual for professional counseling.<sup>14</sup>

Critical Incident Stress Debriefing (CISD) is now part of a comprehensive spectrum of techniques called critical incident stress management (CISM), and may be supplemented by earlier interventions, such as demobilization or defusing, or one-on-one encounters. CISD is neither psychotherapy nor counseling, but is instead designed to promote emotional health through verbal expression, cathartic ventilation, normalization of reactions, health education, and preparation for possible future reactions.<sup>15</sup>

The main objectives of a debriefing are to mitigate the impact of a critical incident and assist the personnel involved in returning to routine functions after the incident.<sup>16</sup> Events that require a Critical Incident Stress Debriefing include:

#### **Individual/Personal**

- Automobile accident, or any accident involving serious injury and/or property damage
- Industrial accidents involving serious injuries or fatalities
- Sudden or unexpected death of a relative, friend or colleague
- Sexual assault/abuse
- Robbery and violent crimes
- Domestic violence
- Child abuse and/or injury or death of a child
- Psychological/emotional abuse
- Suicide or attempted suicide
- Homicide(s)
- Line of duty death or injury among emergency/law enforcement personnel
- Any life threatening experience
- Observing any of the individual or community critical incidents

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<sup>14</sup> "[Critical Incident Stress Management](#)". Corrective Service of Canada. Retrieved July 16, 2009

<sup>15</sup> Jeffrey Hammond and Jill Brooks, *The World Trade Center Attack: Helping the helpers: the role of critical incident stress management*, November 2001

<sup>16</sup> Placer County Law Enforcement Chaplaincy Training Manual, [www.placerchaplains.com](http://www.placerchaplains.com), September 2007

## Community/World

- Fires
- Floods
- Earthquakes
- Hurricanes
- Tornadoes
- Multiple injury/fatality accidents
- Large scale environmental pollution
- Terrorism
- Acts of war
- Child related traumatic events
- Homicides in the community
- High publicity crimes of violence or sex
- Community disasters
- Being an emergency worker/first responder in critical incidents and disasters (Police, Fire, EMS etc)

### *Follow-up*

The important final step is follow-up. This is generally done within the week following the debriefing by team members as a check-in.

### **Does CISM Work?**

Multiple doctoral dissertations indicate positive results from CISM, including Critical Incident Stress Debriefing (CISD). Police officers and firefighters receiving as little as a 1.5-hour debriefing within 24 hours of an incident exhibited statistically significant less depression, anger, and stress-related symptoms at 3 months than did non-debriefed subjects. EMS personnel receiving CISD after the 1992 Los Angeles riots also exhibited significantly less stress than non-debriefed EMS staff.<sup>17</sup>

A decrease in Impact of Event Scale scores among rescue workers in Hawaii after Hurricane Iniki in 1992 included both clinical and administrative workers<sup>18</sup>. Eighty-eight percent of 219 Emergency Department nurses felt that the CISD process was helpful to them after a tragedy<sup>19</sup>. Anxiety scores from 35 British police officers 3 months and 3 years after retrieval and identification of remains from the 1988 Piper Alpha oil rig disaster were significantly lower in the intervention group compared with controls<sup>20</sup>.

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<sup>17</sup> Mitchel JT, Everly G., Jr The scientific evidence for critical incident stress management. *J Emergency Med Services*. 1997;January:86–92.

<sup>18</sup> Chemtob C, Tomas S, Law W, Cremniter D. Post disaster psychological intervention: A field study of the impact of debriefing on psychological distress. *Am J Psychiatry*. 1997;**154**:415–417. [[PubMed](#)]

<sup>19</sup> Burns C, Harm I. Emergency nurses' perceptions of critical incidents and stress debriefing. *J Emergency Nursing*. 1993;**19**:431–436.

<sup>20</sup> Alexander DA. Stress among police body handlers: A long term follow-up. *Br J Psychiatry*. 1993;**163**:806–808. [[PubMed](#)]



Without exception, every negative outcome study on CISD to date has not used trained personnel to provide the service and they have violated the core standards of practice in the CISM field.<sup>21</sup>

### **What Are We Trying to Establish**

The goal of this project is to establish a team of trained volunteers to act as a resource for responders or witnesses of critical incidents for stress debriefment – Kosciusko Critical Incident Stress Management.

Currently, there are four CISM teams in Indiana that are recognized by International Critical Incident Stress Foundation. Three of which are in Indianapolis, while the fourth is in Hometown and serves the following counties: Allen, Whitley, Noble, Kosciusko, DeKalb, Steuben, Adams, and Wells. One can imagine serving eight counties can be a stretch and could argue the effectiveness and timeliness of response.

### **Communication**

Upon receiving the call, Dispatch will listen for certain key injuries to determine if the Kosciusko CISM Team should be notified. Key injuries may include dismemberment, death, electrocution, entangled within machinery, etc. Dispatch would then broadcast a text message to all team members.

Corporate representatives such as health and safety managers, HR managers, security or other designated individuals would be able to contact the team through an established non-emergency phone number possibly through Dispatch.

### **Awareness**

Each of the emergency services agencies shall educate their crews to the availability and how to initiate contact with the team. Part of the emergency services' responsibility may be informing the private sector about the services at the time of the incident. However, during an emergency this may not be a priority and could be overlooked.

Educating the private industry may occur through Chamber of Commerce and local chapters of various professional and trade associations such as American Society of Safety Engineers (ASSE), Society for Human Resource Management (SHRM), etc. Reaching smaller businesses without these ties may prove to be a bit more challenging.

### **Who Would Benefit?**

Simply put – the residents of Kosciusko County. Part of the focus of a CISM team is preparedness, dealing with the incident before the incident happens.

The intent of establishing the Kosciusko CISM team would be to administer not only to public first responders (fire, EMS, HazMat, etc.) but also those in the private sector. Consideration must be given to those indirectly involved in a critical incident. Not all employers have resource for establishing an Employee Assistance Program. Budget cuts may greatly reduce the availability in other businesses.

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<sup>21</sup> JT Mitchell - Response, September/October, 1986 - info-trauma.org

**Partnerships**

To be successful, Kosciusko CISM team would need to partner with local businesses, emergency response agencies, Greater Warsaw Ministerial Association and perhaps United Way 211.

**Conclusion**

Critical Incident Stress Management, or CISM, is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms and given referral for further help if required.