



Critical Incident Stress Management

Learning from the Past, . . . Progressing into the Future

CISM Staff:

Lt. Col. Sam D. Bernard

Maj. Chris Latocki

2008 National Board

Orlando, FL



Welcome

Thank you for attending this session



Agenda

- Who is "Sam"?
- Other "staff" introductions
- Overview of CISM
- Review of the past: How we got here
- Planning for the future
 - Sam's thoughts
 - Your thoughts
- Questions, Comments, Ideas



Sam D. Bernard: Academics

- Academics:
 - Ph.D.: Counseling Psychology (Crisis Response)
 - M.A.: Clinical Psychology (Psychological Testing)
 - B.S.: Psychology (Minor: Sociology & Biology)
- Licensure:
 - TN Senior Psychological Examiner – Health Service Provider
- Certifications:
 - National Certified Psychologist
 - National Certified Counselor
 - Traumatologist



Sam D. Bernard: Academics

- Board Certified,
Comprehensive Acute Traumatic Stress
Management (ATSM)
- Board Certified,
School ATSM
- Board Certified,
University ATSM
- Certified Compassion Fatigue Therapist



Sam D. Bernard: Activities-Current

- **Diplomate,**
American Board of Examiners in Crisis Intervention
- **Diplomate,**
American College of Forensic Examiners – Crisis Intervention
- **Executive Board,**
American Board of Crisis & Emergency Management
- **Clinical Associate,**
American Board of Medical Psychotherapist
- **Board of Scientific & Professional Advisors,**
American Academy of Experts in Traumatic Stress
- **Member & Speaker,**
National Center for Crisis Management
- **American Board for Certification in Homeland Security – Level III**
- **Chair, Governor's Advisory Council,**
Tennessee Suicide Prevention Network



Sam D. Bernard: Activities-Past

- Volunteer & Instructor,
American Red Cross – 30 years
 - CPR - First Aid -Prof CPR -HIV-AIDS Ed
 - Stress Mgmt -DMHS
- Instructor, Green Cross Projects
- Past President,
Chattanooga Area Psychological
Association, 2001 & 2002
- Past President,
Tennessee Association of Psychological
Examiners, 2004



Sam D. Bernard: ICISF

International Critical Incident Stress Foundation

- Member since "ACISF"
- Completed ## ICISF courses
- C.O.S.T.:
 - Emergency Services
 - Mass Disaster & Terrorism
 - Schools & Children
 - Spiritual Care
 - Workplace & Industrial



Sam D. Bernard: ICISF Instructor

- Group
- Peer / Individual
- Group / Peer Combo
- Suicide
- School
- Pastoral I
- Grief Following Trauma
- Stress Management for the Trauma Service Provider
- Building Skills in CISM
- Team Evolution and Management
- Terrorism: Psychological Impact & Implications
- The Changing Face of Crisis Response and Disaster Mental Health Intervention
- (Advanced Group)



Sam D. Bernard: CAP

- Joined in Brunswick, GA 1990
- Earned rank
- FAA Private Pilot
- Public Affairs Officer
 - Kingsport Composite Squadron (Darnell)
 - Tennessee Wing (Bowling)
 - Chattanooga Comp. Sqdn. (Mullinax)
- CISM
 - Southeast Region (Jones)
 - C4 Staff: Maxwell AFB
 - National Staff (Courter)



Sam D. Bernard: Personal

- Only child – but “plays well with others”
- Pre-Med
 - Organic Chemistry changed my mind
 - Didn’t “always” want to be a Psychologist
- 45 years old, but 32 in attitude / outlook
- Survivor of aviation incident in Karachi, Pakistan, 1981
- Still watches aircraft take-off & land



Staff Introductions

- Kay McLaughlin, M.D.-Nat. Medical Dir.
- Joan Coughlin, Psy.D. – CISM Clinical Dir.
- Chris Latocki – Administrative Officer
- Region CISM Officers:
 - NER: Jack Arena
 - MER: Jack Epperly
 - SER: Judy Steele
 - GLR:
 - NCR: Dianna Bush
 - SWR: Doree Trent
 - RMR:
 - PCR: Merle Starr



Overview of CISM





Critical Incident Stress Management

Jeffrey T. Mitchell, Ph.D., CTS
&
George S. Everly, Jr., Ph.D., CTS

Chevron Publishing, 2002

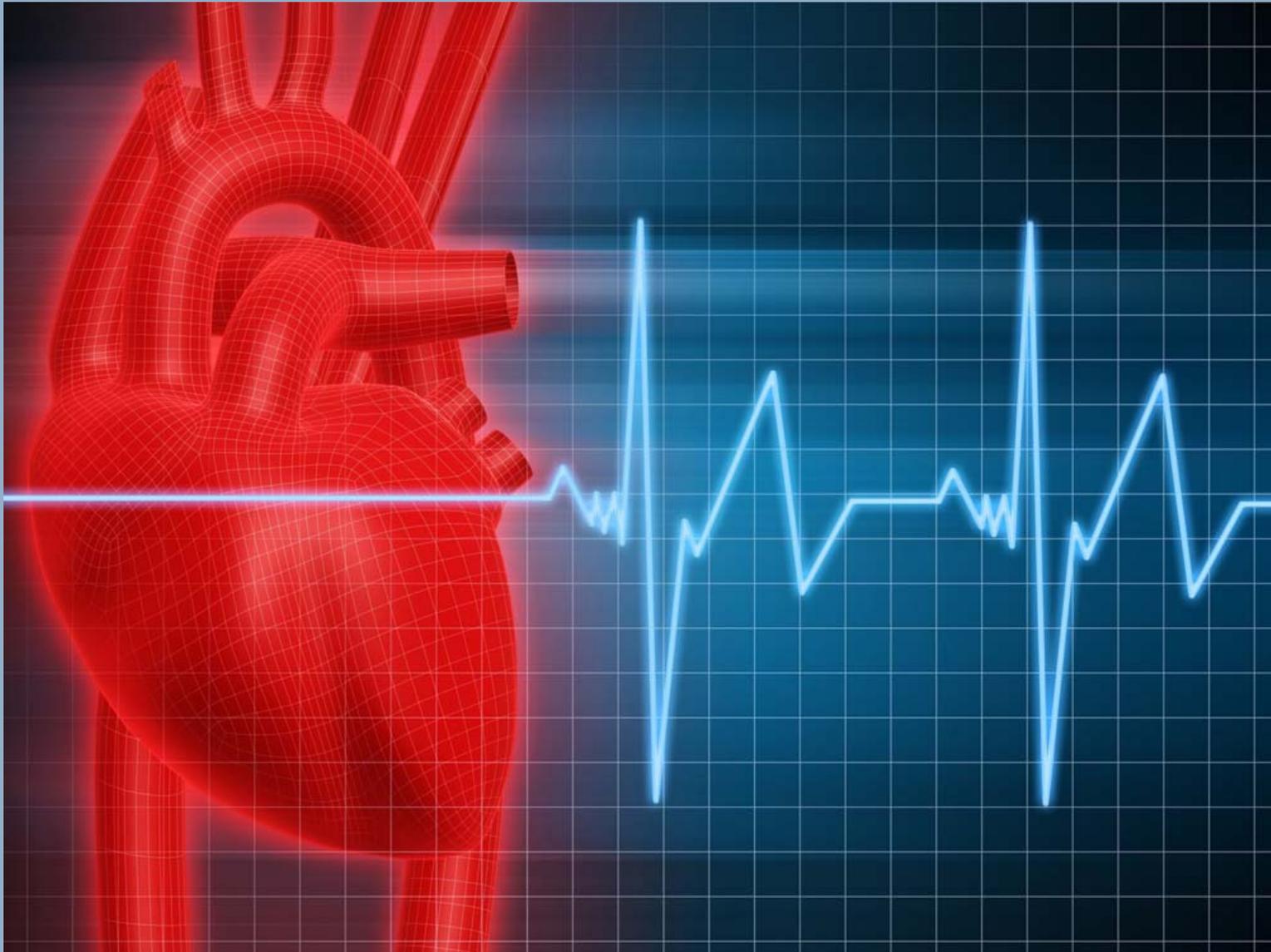


Critical Incident Stress Management

A Comprehensive and Multi-Tactic Crisis
Intervention Approach to Managing
Traumatic Stress

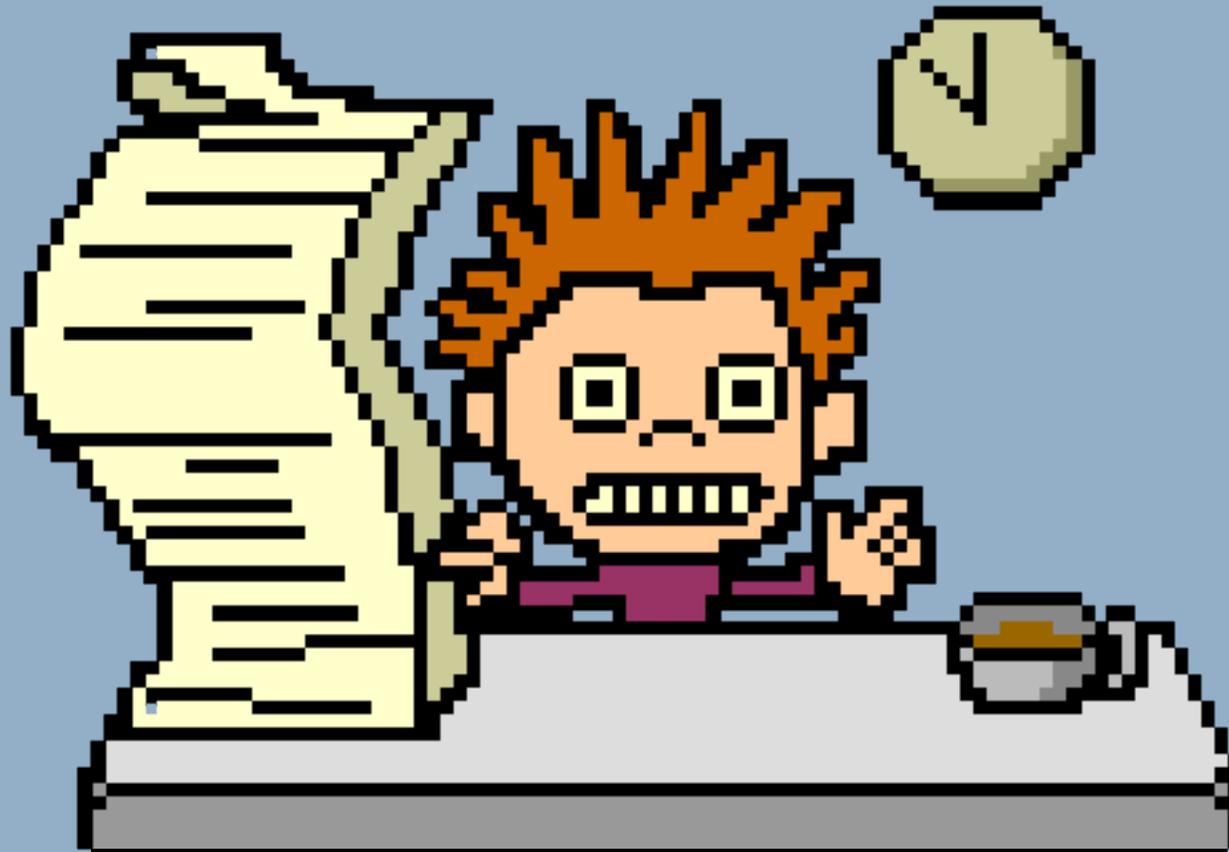


Understanding Stress





Stress



Stress is a state of physical, cognitive,
and emotional arousal.



Once physical, cognitive and emotional arousal occurs, behaviors change.

Chevron Publishing, 2002



Why Have Stress Reactions?

- Survival mechanism
- Protects the person
- Generates fight reaction
- Generates flight reaction
- Enables rapid reactions to a changing situation
- Enhances survival thinking
- Enables perceptual focusing to eliminate distractions



Four Primary Types of Stress

- General Stress
- Cumulative Stress
- Critical Incident Stress
- Posttraumatic Stress Disorder



General Stress

- Everyone has it
- Normal condition of life
- Necessary for health and survival
- Can be positive
- Can be negative
- Most people deal with it daily and recover

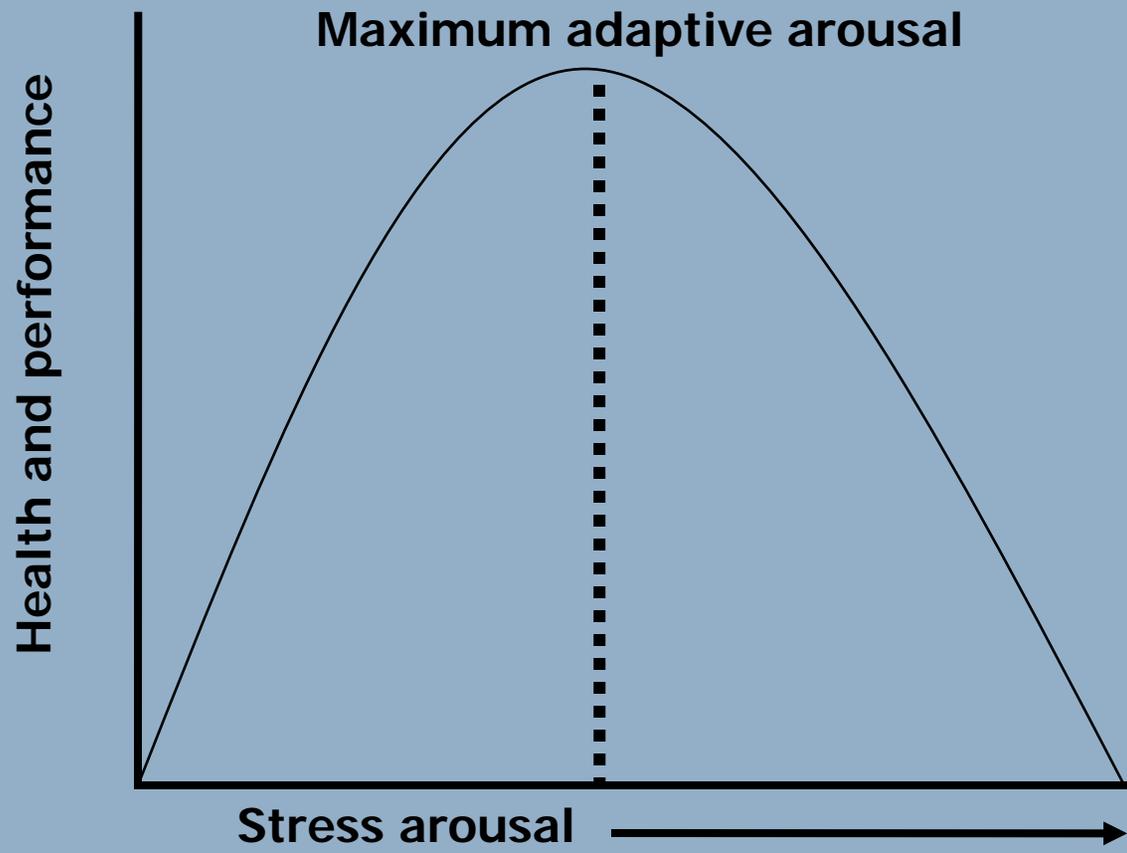


Having stress is not bad, in itself.

What is bad is experiencing
excessive or prolonged stress.



Stress Curve





Cumulative Stress

- Destructive pathway of stress
- Piled up, unresolved general stress
- Takes time
- Produces negative changes in:
 - Mental & physical health
 - Performance
 - Relationships
 - Personality



Critical Incident Stress

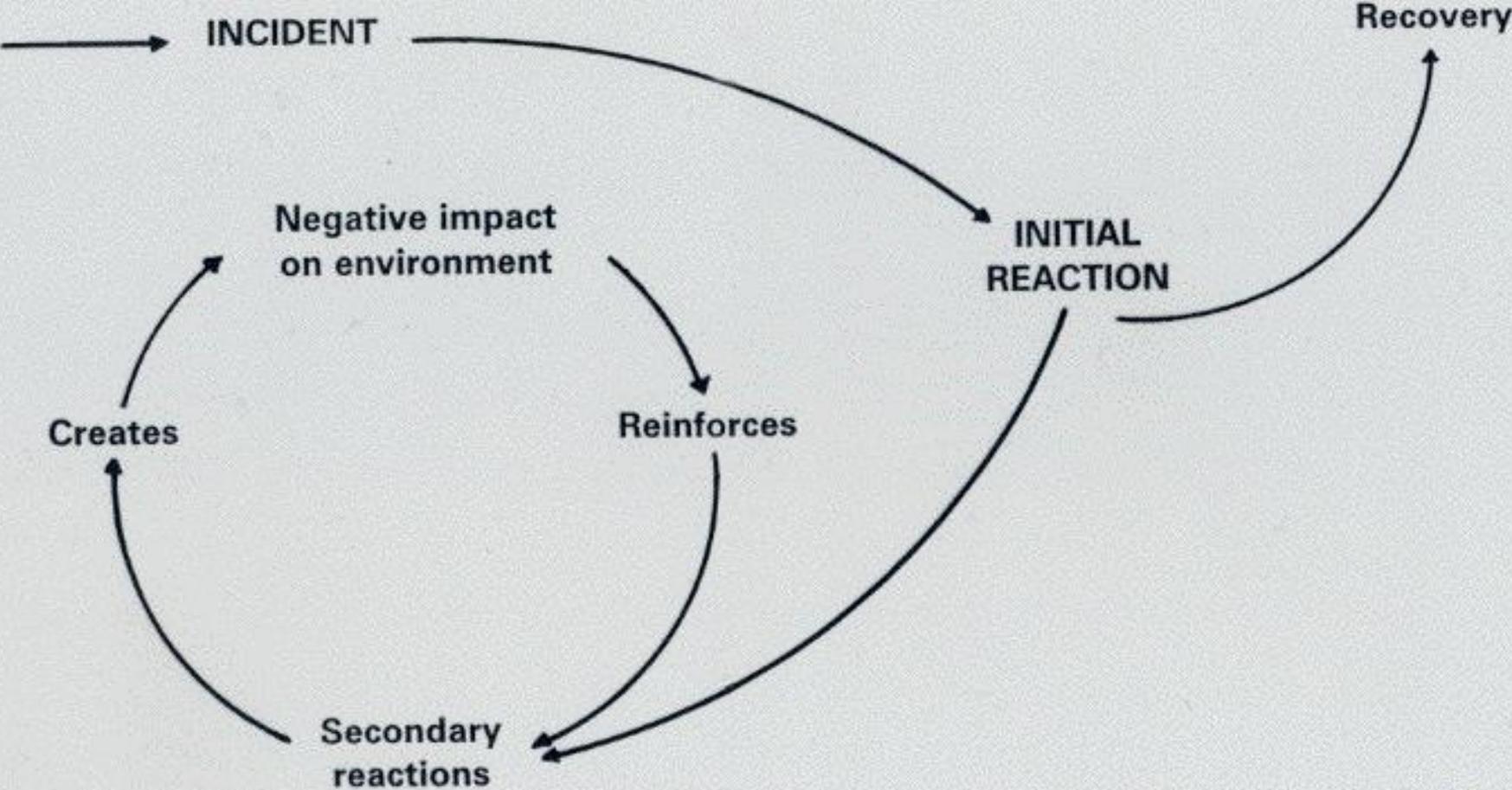
- Also known as “Traumatic Stress”
- Starts with exposure to traumatic event
- Normal response of normal people to abnormal event
- Painful
- Most people recover



Critical Incident Stress

- Some people have several Critical Incident Stress reactions during their careers
- Reactions can be reduced by early intervention
- Critical Incident Stress can be an opportunity for positive change and growth

REACTIONS TO CRITICAL INCIDENTS





Reactions to Stress

- Physical
- Cognitive
- Emotional
- Behavioral
- Spiritual



Physical Signs and Symptoms of Critical Incident Stress

- Thirst
- Fatigue
- Nausea
- Twitches
- Vomiting
- Dizziness
- Elevated B/P
- Muscle tremors
- Grinding teeth
- Visual difficulties
- Profuse sweating
- Difficulty *breathing*
- *Fainting / LoC*
- *Weakness/numbness*
- *Chest pain*
- *Headaches*
- *Rapid heart rate*



Cognitive Signs and Symptoms of Critical Incident Stress

- Confusion
- Nightmares
- Uncertainty
- Hypervigilance
- Suspiciousness
- Intrusive images
- Blaming someone
- Poor problem solving
- Poor abstract thinking
- Change in attention/decision
- Poor concentration or memory
- Disorientation
- Change in alertness
- *Suicide/homicide*
- *Hallucinations/delusions*
- *Paranoid ideas*
- *Disabling guilt*
- *Hopelessness*
- *Helplessness*



Behavioral Signs and Symptoms of Critical Incident Stress

- Withdrawal
- Inability to rest
- Intensified pacing
- Erratic movements
- Changes in social activity
- Changes in speech
- Changes in appetite
- Hyper-alertness
- Changes in alcohol or drug consumption
- *Antisocial acts*
- *Abuse of others*
- *Diminished personal hygiene*
- *Immobility*
- *Self medication*
- *Violence*



Emotional Signs and Symptoms of Critical Incident Stress

- Guilt
- Grief
- Denial
- Anxiety
- Agitation
- Irritability
- Depression
- Anger
- Apprehension
- Emotional shock
- Emotional outburst
- Feeling overwhelmed
- Loss of emotional control
- Inappropriate emotional responses
- *Infantile emotions*
- *Panic attacks*



Spiritual Signs and Symptoms of Critical Incident Stress

- Angry at "God"
- Asking "why" questions
- *Cessation of practice of faith*
- *Faith rituals fail to have meaning*
- *Religious hallucinations or delusions*



Posttraumatic Stress Disorder

- Starts with exposure to a critical incident
- Severe, destructive pathway of stress
- Caused by unresolved Critical Incident Stress
- 3 symptom patterns:
 - Intrusion
 - Avoidance
 - Arousal
- Symptoms must last 30 days or more
- Disrupts normal life pursuits



PTSD *Intrusion* Symptoms

- A person sees aspects of the event repeatedly
- Hears it again and again
- Smells it again and again
- Tastes it repeatedly
- Feels it repeatedly
- Unable to stop thinking about it
- Dreams / nightmares



PTSD *Avoidance* Symptoms

- Avoids places
- Avoids people
- Avoids conversations
- Avoids reminders
- Experiences excessive sleep
- Limits activities
- Remains indoors



PTSD *Arousal* Symptoms

- Sleepless
- Restless
- Loss of attention span
- Inability to concentrate
- Inability to relax
- Hyper-alert



Posttraumatic Stress Disorder

- The system is stuck
- Normal has become abnormal
- Can alter a person's life
- Needs corrective action
- Rarely disappears by itself
- New and effective treatments available



Critical Incident

An event that has the power to overwhelm the coping abilities of an individual or group.



The critical incident is the starting point for the development of a crisis response.



Crisis

An acute *reaction* to a critical incident.

Chevron Publishing, 2002



Crisis Characteristics

- The relative balance between thought processes and emotional processes is disturbed,
- The usual coping methods do not work effectively,
- There is evidence of mild to severe impairment in individuals or groups exposed to the critical incident,



Anyone can experience a crisis
at any time in his or her life.

Chevron Publishing, 2002



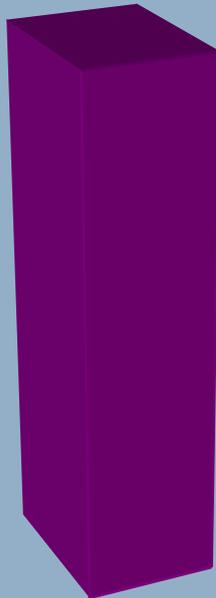
PRE-CRISIS

CRISIS

THOUGHTS



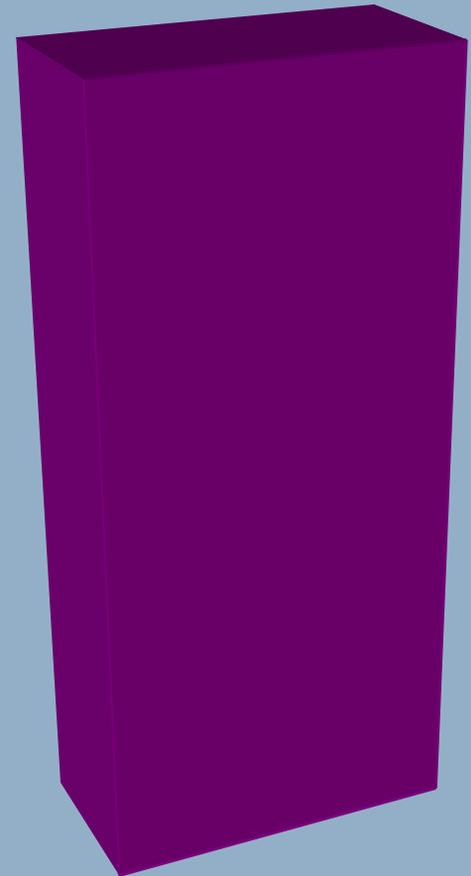
FEELINGS



THOUGHTS



FEELINGS





Common Crisis Reactions

- High anxiety
- Denial
- Anger
- Remorse
- Grief



Factors Effecting Crisis Reactions

- Suddenness
- Intensity
- Duration
- Level of loss
- Age
- Injury or death to relatives or friends
- Availability of resources
- Level of education / training
- Availability of coping mechanisms



Crisis Intervention

An **active** and **temporary** entry into the life of an individual or a group during a period of significant distress.



Crisis Intervention

Emotional “first aid”
designed to assist the
person in a crisis state
to return to adaptive
functioning.



Crisis Intervention Objectives

- Stabilize situation
- Mitigate impact
- Mobilize resources
- Normalize reactions
- Restore to adaptive function

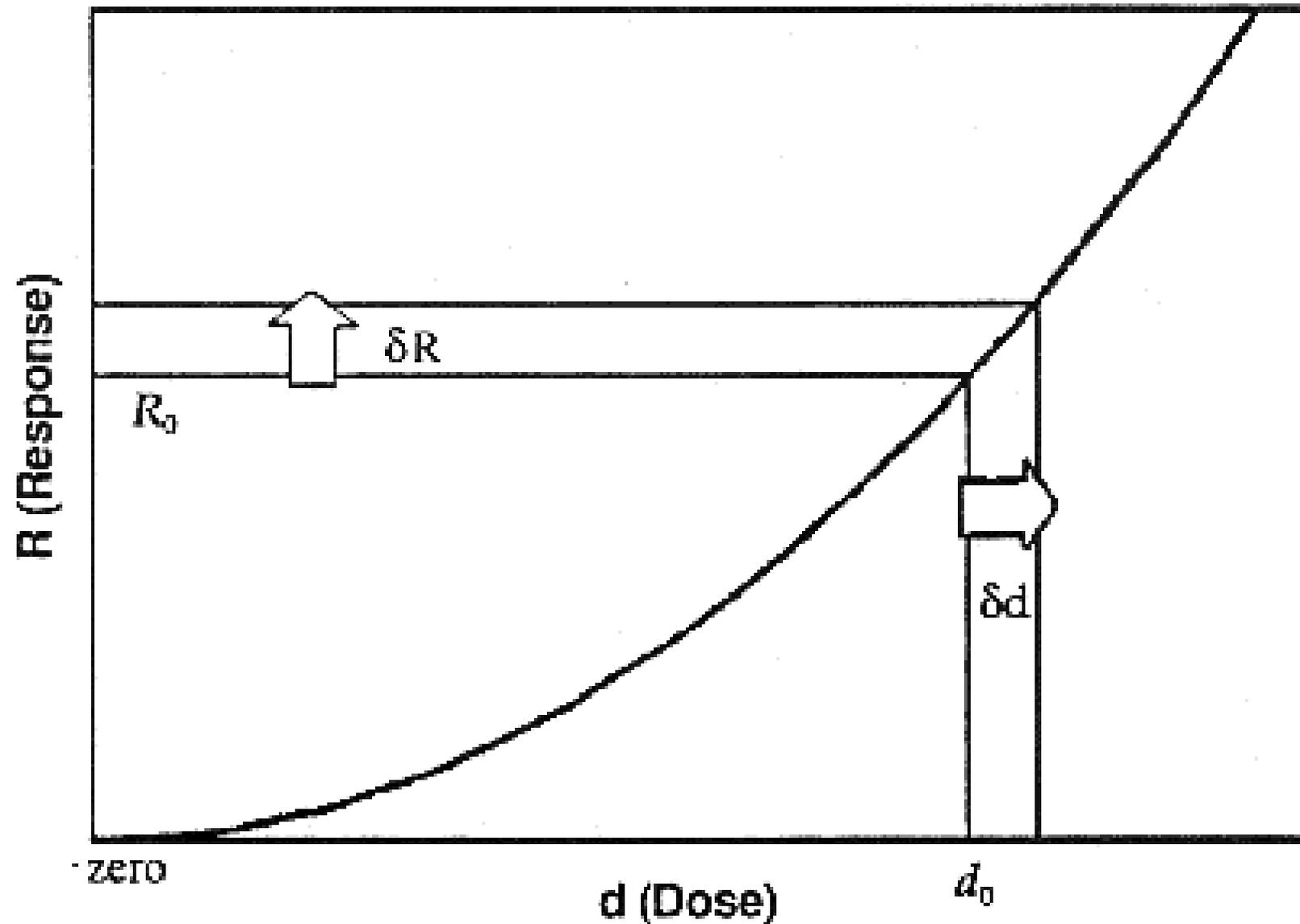


Key Crisis Intervention Principles

- Simplicity
- Brevity
- Innovation
- Pragmatism
- Proximity
- Immediacy
- Positive outcome expectancy

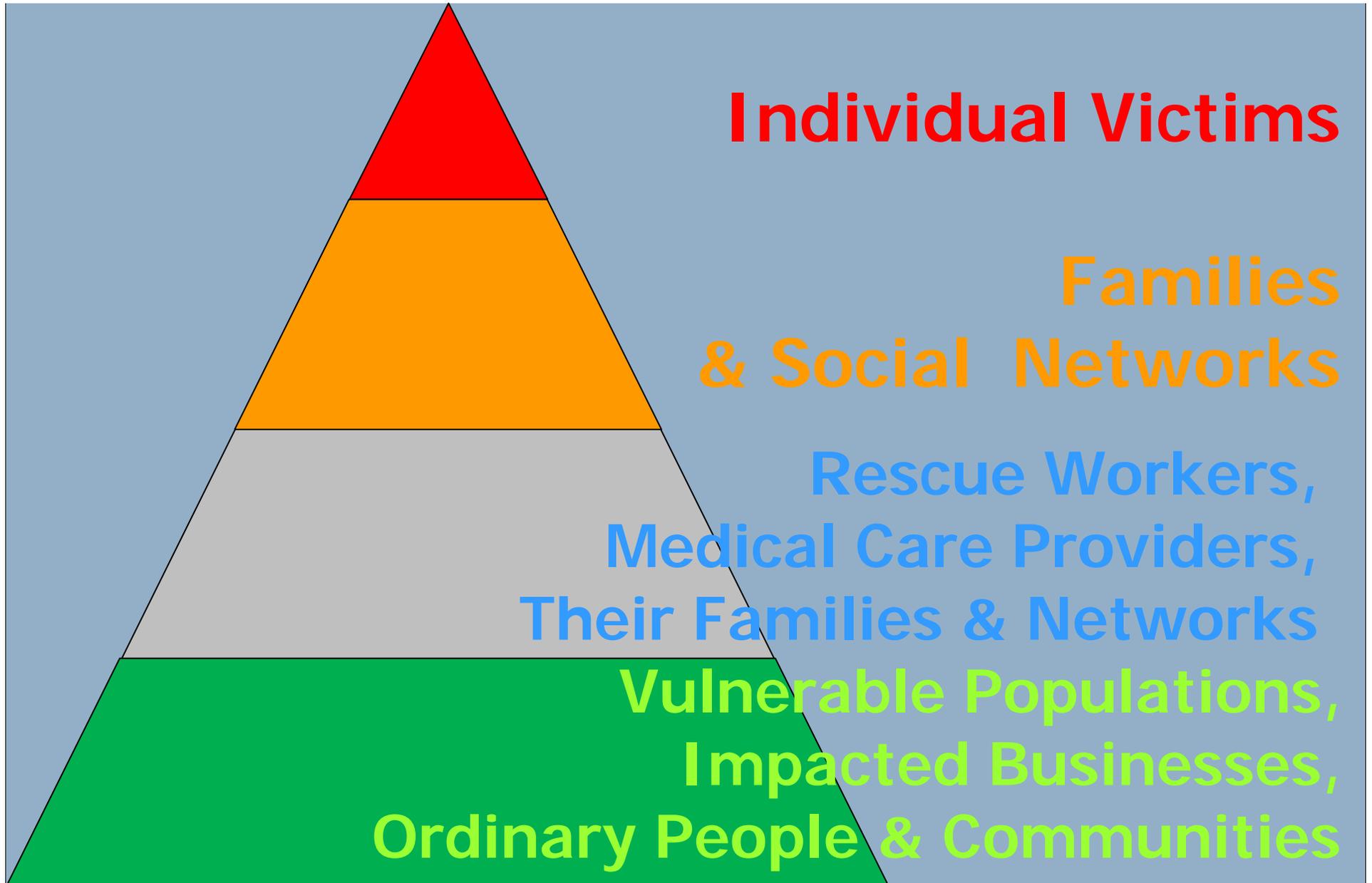


Dose Response



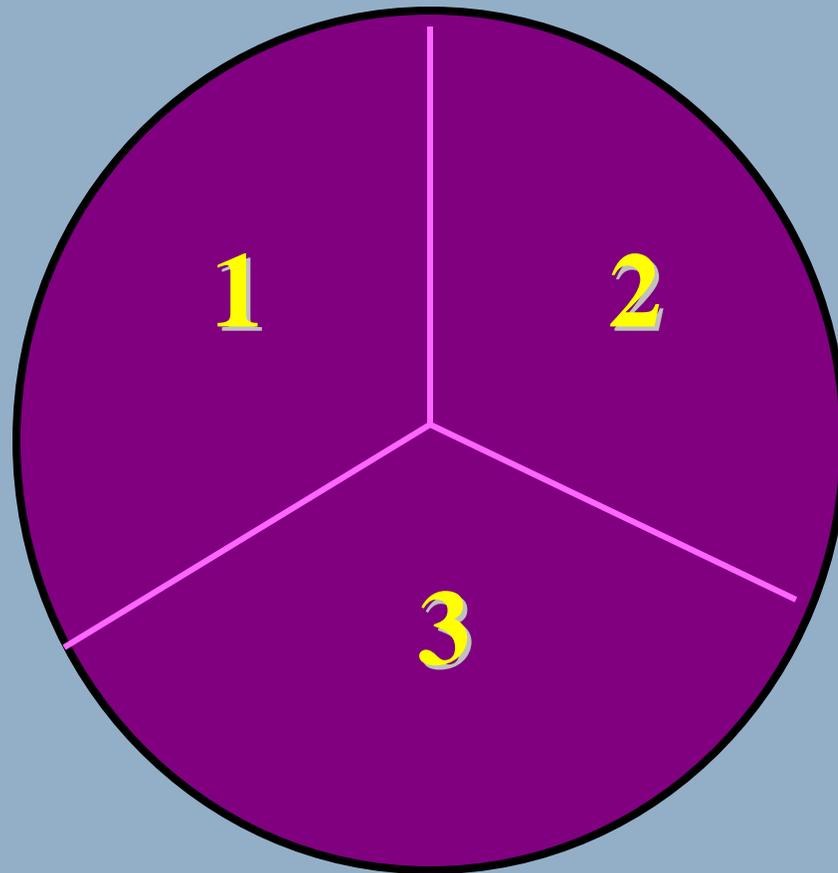


Impact Pyramid





"1/3 Rule" - Theoretical



8%



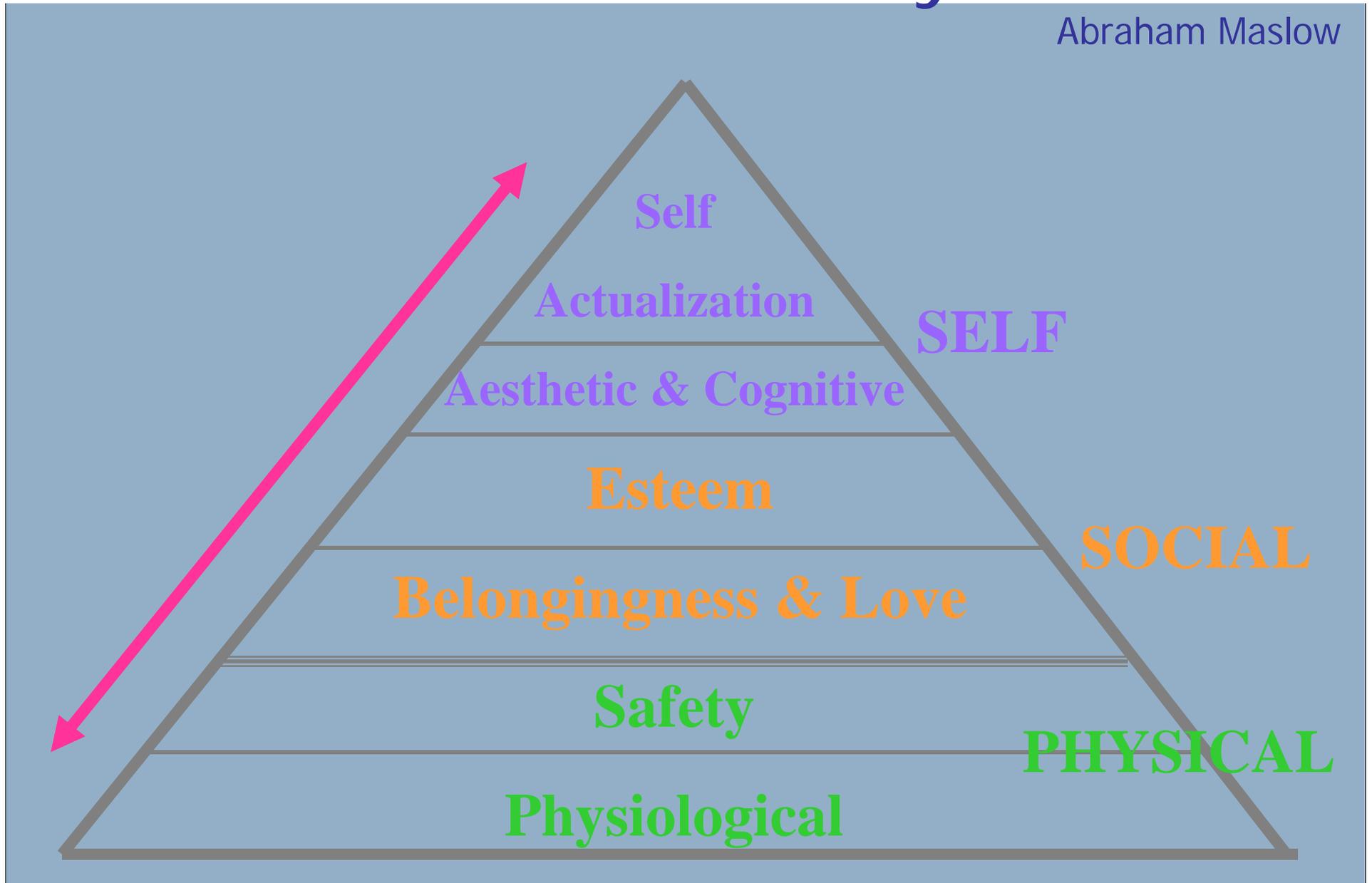
Imprint of Horror

- Visual
- Auditory
- Olfactory
- Kinesthetic
- Gustatory
- Temporal



Hierarchy of Needs

Abraham Maslow





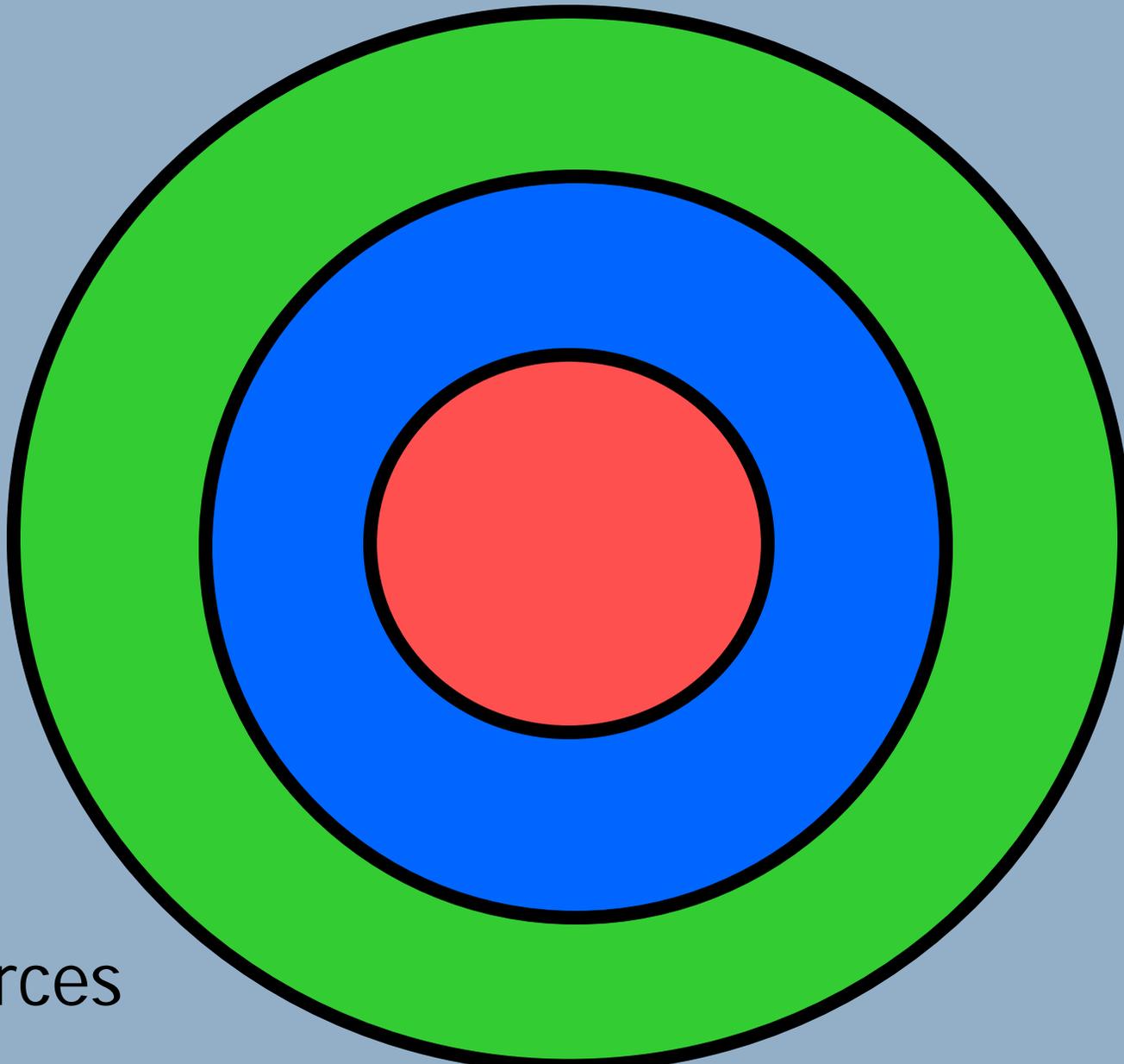
Hierarchy of Needs

Abraham Maslow





Strategic Planning



Resources



Basic Crisis Guidelines

- Never go beyond one's level of training
- Do not open discussions unless there is sufficient time
- The end of every crisis intervention occurs when either the person is showing signs of recovery or it becomes evident that a referral is necessary



Models of "Debriefing"

CISD Mitchell	PD Dyregrov	GCI NOVA	MSD ARC	CED Stokes	HERD Marshall / Shalov
Intro	Intro	Intro	Event	Intro	Intro
Fact	Fact	Event	Feelings & Reaction	Chron Reconstr	Chron Reconstr
Thought	Thought	Aftermath	Coping	Cog, Aff Reactions	
Reaction	Sensory	Expectations Future	Termination	Symptoms	
Symptom	Normalizatio n	Education		Teaching	
Teaching	Closure	Conclusion		Wrap - up	
Re - entry	Follow - up Debriefing				



Critical Incident Stress Management (CISM) is a form of crisis intervention developed in the mid-1970s.

CISM utilizes the core principles and objectives of crisis intervention.



CISM

Comprehensive
Innovative
Systematic and
Multi-tactical

approach to managing traumatic stress within an organization or a community.



CISM

CISM is a specific program of crisis intervention **tactics** which focuses on assisting individuals and groups that have experienced a traumatic event.

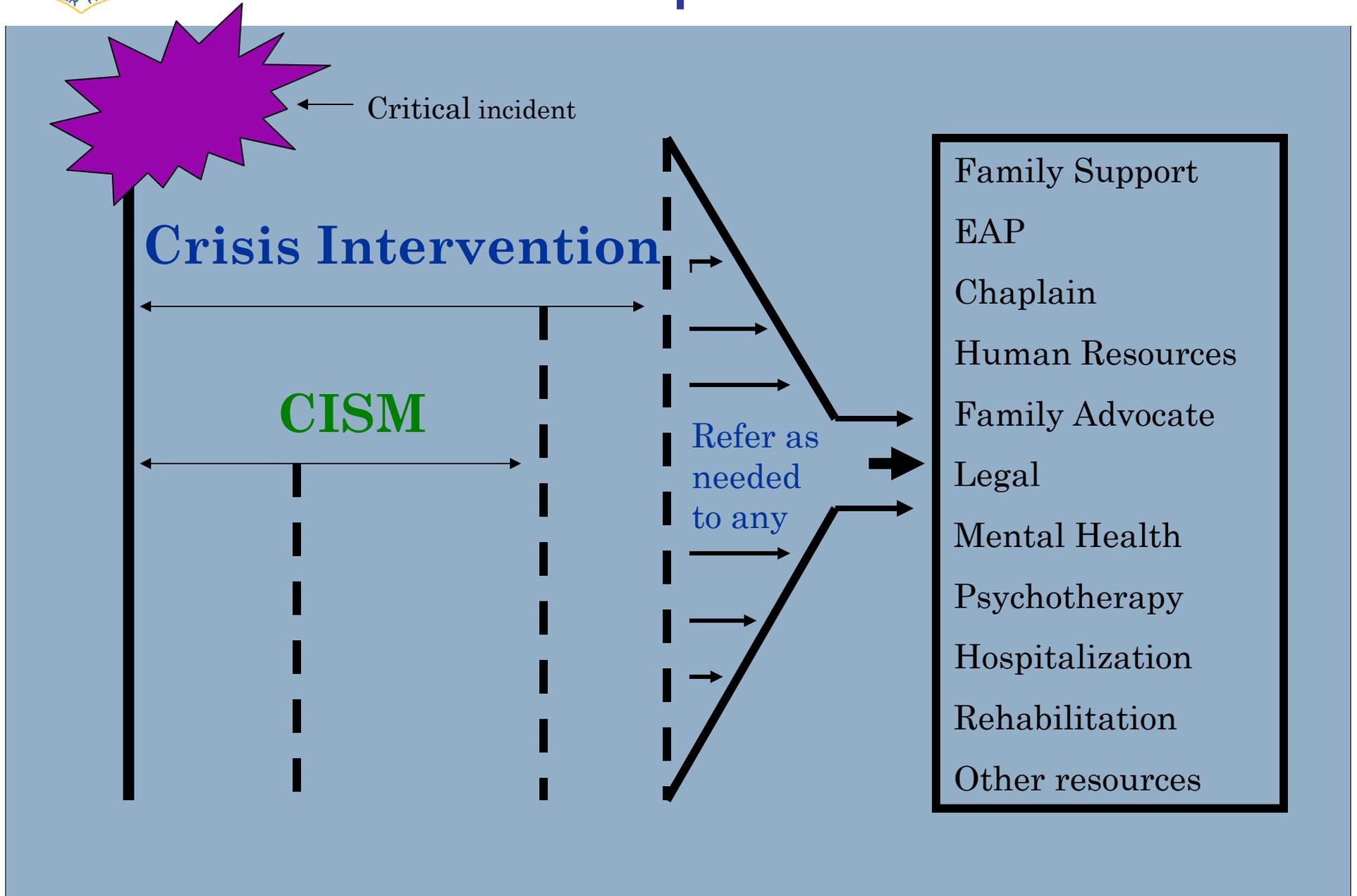


CISM: Menu of Services

- Pre-Crisis Preparation
- Group Intervention
 - Demobilization
 - Crisis Management Briefing
 - Defusing
 - Critical Incident Stress Debriefing
- Individual Crisis Intervention
- Pastoral Crisis Intervention
- Family CISM
- Organizational Consultation
- Follow-up/ Referral



Spectrum of Care





CISM Tactics

- Pre-incident education / preparation
- On-scene support services
- One-on-one support
- Staff demobilization after a disaster
- Crisis Management Briefings (CMB's)
- Defusing
- Critical Incident Stress Debriefing (CISD)
- Significant other support services
- Follow-up services
- Referrals according to need
- Post-incident education



CISM Tactics Must be Available for:

- Individuals
- Groups
- Organizations
- Families
- Significant others



Core Competencies in CISM

- The ability to properly assess both the situation and the severity of impact on individuals and groups
- Ability to develop a strategic plan
- Individual crisis intervention skills
- Large group crisis intervention skills
- Small group crisis intervention skills
- Referral skills



Treatment Referral Options

- Medical Care Professional
 - MD / DO
 - PA / NP
- Mental Health Care Professional
 - Psychologist
 - Counselor
 - Social Worker
 - Psychiatrist
- Spiritual Care Professional
 - Leader of client's faith
 - "Chaplain"



Essential CISM Courses

(2 Days Each)

- Assisting Individuals in Crisis
- Basic Critical Incident Stress Management:
Group Crisis Interventions
 - *Advanced Critical Incident Stress Management: Group Crisis Interventions*
 - *T.E.A.M.*
 - *Strategic Planning*
 - *Suicide*

Chevron Publishing, 2002



In addition to the essential courses, CISM providers are encouraged to participate in a variety of other training opportunities to enhance their skills.



CISM Components *Before* an Incident

- Education
- Team training
- Planning
- Administrative support
- Protocol development
- Guideline development



CISM Components *During* an Incident

- On-scene support services
- One-on-one crisis intervention
- Advice to supervisors
- Support to primary victims
- Provision of food, fluids, rest and other services to operations personnel
- Organizational Consultation



CISM Components *After* an Incident

- One-on-one crisis intervention
- Demobilization (post-disaster, large group)
- Crisis Management Briefing (CMB, large group)
- Defusing (small group)
- Critical Incident Stress Debriefing (CISD, small group)



CISM Components *After* an Incident

continued

- Significant other support services
- Post-incident education
- Follow-up services
- Referrals according to needs



CISM

- Typically requires 3-5 contacts
- After that,
 - Recovery is evident
 - Referral is indicated



CISM

- Is not psychotherapy
- Is not a substitute for psychotherapy
- Is not a stand-alone
- Is not a cure for PTSD



CISD has far more to do with
group support and assessment
than it does with treatment and cure.

Chevron Publishing, 2002



Follow-Up

Must be provided after every CISM service:

- Assess impact of intervention
- Assess for uncovering prior issues
- Assess trajectory of reactions
 - Decreasing
 - Same
 - Increasing
- Assess for possible referral:
 - Health Care Professional
 - Mental Health Care Professional
 - Spiritual Care Professional



P. A. S. S.

Post Action Staff Support





Goals For PASS

- Increase longevity of team members
- Increase learning from the experience
- Increase stress management skills
- Decrease the chance for personal reactions
- To take care of ourselves (too)
- Increase effectiveness of team members
- Monitor team for any adverse reactions



Why Do It?

- To Prevent:
 - Vicarious Traumatization
 - Cumulative Stress
 - Critical Self Judgment
- To Teach
- To Practice What We Teach
- “The same professionalism we provide to others, we deserve ourselves” *SDB*



When Should It Be Done?

- Should be a normal part of the team's standard operating guidelines,
- Should be done prior to the team going home (at least a defusing),
- At the earliest next opportunity,
- Soon,
- Its never too late!



Where Should It Be Done?

- Away from the response and participants
- Neutral site if possible
- Somewhere you will not be interrupted
- If the Critical Incident is particularly difficult you may want to consider more time
- Somewhere private if you are concerned about the difficulty of the CISM response



How Long Does It Take?

- For “normal” events usually 10-15 minutes is adequate
- For “abnormal” events 30-60 minutes may be required
- If you always do it, you will discover the difference between a normal and abnormal event



Who Should Do It?

- Usually the “Event Team Leader”
 - Probably 90% can be done by the team itself
- Occasionally, by someone not involved in the response itself
 - Particularly difficult or events of long duration



Important Notice:

All CISM services should be provided **only** by people who have been properly trained in Critical Incident Stress Management courses.



CISM is a proven crisis intervention program which can have a positive effect on a person's career, their personal relationships, and their mental and physical health.

Chevron Publishing, 2002



Other ICISF Courses

- Group Basic CISM
- Peer & Individual Crisis Intervention
- Responding to School Crisis
- Suicide: Prevention, Intervention & Postvention
- Advanced Group CISM
- Strategic Planning
- Emotional & Spiritual Care in Disaster
- Pastoral Crisis Intervention
- Stress Management for the Trauma Provider
- Team Evaluation and Management
- Grief Following Trauma
- Psychological Response to Terrorism: Impact and Implications
- The Changing Face of Crisis Response and Disaster Mental Health Intervention
- Etc.





Certificate Of Specialized Training

1. Emergency Services
2. Mass Disaster & Terrorism
3. Workplace & Industrial Applications
4. Schools & Children Crisis Response
5. Spiritual Care in Crisis Intervention
6. Substance Abuse Crisis Response

Knowledge itself is power

Sir Francis Bacon

***Action is the proper fruit of
knowledge***

Thomas Fuller

C I S M





Where to from here?

- Satisfied with the knowledge & awareness
- How to do more:
 - Join a team
 - Attain further CISM education
 - Provide further CISM education & awareness
 - Advocate for appropriate CISM services
 - Provide more:
 - Within your Squadron, Group, Wing, Region
 - With your family
 - At your place of work
 - In your community
 - For yourself



ICISF Contact Information

3290 Pine Orchard Lane

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Ellicott City, MD 21042-2272

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fax: (410) 750-9601

Emergency #: (410) 313-2473

www.icisf.org

Chevron Publishing, 2002



LOEW FLYING PHOTOGRAPHY



Review of the Past

How we got here:

- Lt. Col. Sherry Jones, RN, EMT-P
- 60-5
- Services through National / NOC
- CAP ICISF Instructors
- Chaplain issues



Where We Are Now

Our New Web Site:

<http://cism.cap.gov/>

E-mail Training Certificates to:

capcismcertificates@yahoo.com

or click on the "Upload Certificates" button

Thank you Chris Latocki!



Planning for the Future

Sam's thoughts:

- Decentralize from National Staff
 - Wings: "Get'r done dudes"
 - Regions: "Make it happen"
 - National: "Lead into the future"
- Training:
 - Group AND Individual/Peer
 - Re-up via class not service
 - Building Skills in CISM - practice
 - The Changing Face of CI and DMHI - theory
 - Maintain Up-to-date information on protocols



Planning for the Future

- Training:
 - Skill based courses not to exceed #25 due to practice needs,
 - Standardization of Training
 - Mandatory Quarterly CISM training – independent of other CAP training, will have an administrative component and “clinical” component,
 - All CISM personnel need to complete NIMS 100 AND 700 before 12 December 2008. 400 is not required.
 - All training certificates will be e-mailed to Chris Latocki at capcismcertificates@yahoo.com



Planning for the Future

Sam's thoughts:

- Update 60-5
- CISM as a Specialty Track
 - Similar to Public Affairs, etc.
- Actively recruit CISM members from:
 - Ground team members
 - Air crew member
 - Recycle "Elders"
 - Mental health
 - Administration
 - Cadets*
- Consistency with Compassion
- CISM and Missions
 - Active component
 - Must follow-up



Planning for the Future

Sam's thoughts:

- **Chaplain Issues**

- Chaplains are welcome to participate,
- Chaplains, as others, will abide by CISM protocols,
- Chaplains will be considered “peers” unless they possess a mental health license,
- Chaplaincy and CISM are similar but not the same,
- On missions, role consistency is needed
(ie CISM for entire mission – not CISM then Air Crew or visa versa)
- Chaplains will not perform Chaplain tasks during CISM activities,
 - CISM is not a Chaplain function.
 - Chaplaincy is not a CISM function.



Staff Objectives

- National Staff
 - Team Leader
 - Clinical Director
- Region Staff
 - Team Leader
 - Clinical Director
- Wing Staff
 - Team Leader
 - Clinical Director

See handout



How To Become a Member

- Complete application & be accepted to a team
- Complete training:
 - Group Crisis Intervention (ICISF)
 - Peer / Individual Crisis Intervention (ICISF)
- Participate in quarterly CAP CISM Team Trainings
- Participate in CAP CISM functions
- Maintain currency
- (Participate in non-CAP CISM teams & functions)



Planning for the Future

Your thoughts:

- Kay McLaughlin, M.D.
- Joan Coughlin, Psy.D.
- Chris Latocki
- Regional CISM Officers
- You . . .



Your Input . . .

Thank you



Critical Incident Stress Management

Lt. Col. Sam D. Bernard, Ph.D.

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. . .and just one more thing. . .

Thank You!



Critical Incident Stress Management

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