Critical Incident Stress Management

Immediate and ongoing:

- Prevention
- Intervention
- Support
- Education

... to encourage effective recovery from critical incident stress, post trauma stress and cumulative stress for emergency responders, public safety personnel and victims/witnesses.

Goals include:

- Understand you are normal in the face of abnormal stress
- Lessen stress responses - mental, emotional, physical, social and spiritual
- Accelerate recovery of personnel to former level of functioning
- Allow ventilation of the stressful experience
- Obtain an overall view of the incident
- Build camaraderie and support among team members who worked the incident together
- Provide stress survival skills and resources for the future
- Begin to cognitively make sense out of the horror and trauma
- Give meaning to the difficulties faced during and after the incident (primary and secondary trauma)
- Provide a safe and neutral environment to wind down before making transition to personal life
- Affirm the value of involved personnel and acknowledge any positive aspects of the incident

1. Pre-incident stress education/training
2. Ongoing stress information updates
3. Command staff and supervisor stress support and training
4. CISM Departmental team
5. Family and significant other support services and pre-incident training
6. Peer counseling program
7. Professional counseling/therapy/EAP Program.
8. Crisis Interventions and debriefings for citizens and community (network with other agencies)
9. On-scene support services
Defusing

A shortened form of the CIS Debriefing. Same ground rules apply. Usual length of time is 20 - 45 minutes. Usually done within 8 hours of critical incident. Multiple defusings for different groups of emergency/public safety personnel may be offered for same incident.

1. Introduction
State ground rules, purpose of defusing. Acknowledge courage in participating in defusing.

2. Exploration
Ask involved personnel what happened. Discuss details of experiences and reactions. Reassure as needed. Do not disagree with perceptions of participants.

3. Information
Normalize experiences and reactions. Discuss stress survival Skills (breathing exercise, diet, recreation, sensory trauma release, etc.) Address the issues of family and job and what to expect in the future. Reassure them about their capabilities and accept their perception of event. Give resources for ongoing CISM.

Key Points
- Be honest in your role. Discuss the value in coming together as a team who worked the incident to talk about it, without critique, or discussion of job performance in a confidential setting.
- Acknowledge issues of unfinished business with the incident. Are there any action steps that need to be done, as ate am or individually.
- Express your concern and empathy for what they, as responders, have survived.
- Acknowledge and validate the positive support and intervention they gave to the incident, just by their presence, their response and their willingness to do this type of work.
- Validate that they are each other's best support system now and in the future, when others around them may not fully understand the magnitude of the incident or the impact of the aftermath.
CIS Debriefing

A psycho-educational structured discussion with involved personnel about the critical incident in the aftermath.

Ground rules:

- Confidentiality
- No critique or tactical/procedural analysis of incident and any individual's actions
- Mandatory attendance
- Not mandatory participation
- Not therapy
- No rank or hierarchy of command - every one is equal.
- Usually occurs 24 to 72 hours after the incident, but may occur later.
- 2 - 3 hours in length
- No notes or paperwork
- Safe, comfortable environment
- Have food and drink available.
- No media, no tape recorders
- No personnel not involved with incident allowed at CISD.
- Only trained CISD peers and mental health professionals should conduct debriefings.

Phases of Critical Incident Stress Debriefing

1. Introduction
State purpose of gathering and explain debriefing process.
Ground rules: Confidentiality, no critique, no mandatory participation.

2. Fact Phase
Specific details of incident or situation
What was your role, how did it come down, how did you respond How did you find out about trauma, death, etc.

3. Thought Phase
Immediate thoughts about what happened
Questions and issues etc. that surfaced in the aftermath

4. Reaction Phase
Immediate and delayed feelings and physical reactions to incident. What was the roughest? When was the “Oh, no” moment where you knew that it was going to be a bad one?
5. Signs and symptoms – “What is Normal?” Phase
Share physical, emotional, thinking and relationship symptoms or reactions you have experienced. Talk about what is normal. Remind people, you are normal and your reactions are normal in the face of abnormally traumatic events.

6. Memory Phase/Landmine Phase
Discuss previous incidents that this incident may have brought up. Trauma and grief know no time - so it doesn't matter how long ago it happened. If it was never resolved, it is like it happened yesterday. Debriefing of these incidents is important to facilitate at this time.

7. Education Phase
Have group discuss what has worked to help them survive in the aftermath and get back on their feet. Talk about tools for dealing with stress – before, during and after. Share resources for ongoing assistance.

8. Meaningful Aspects of Incident Phase
Even in the midst of tragedy and even death, explore the meaningful aspects in the aftermath – i.e., good team work, appreciation of co-workers, appreciation of the beauty and fragility of life, preciousness of each moment, importance of living life to the fullest, etc.

9. Closure Phase
Do a wrap-up exercise: Have people go around room and let go of trauma, pain, guilt, anger, etc. and claim a positive quality to take with them. Homework: Do something totally selfish, life-affirming for yourself that has no socially redeeming value - in the next day or so! Also, stress confidentiality and importance of maintaining that safety bond with each other after the group debriefing is over.

10. Re-entry Phase
Encourage group to share food and drink and continue to talk with each other one to one. This is a powerfully bonding time of debriefing, where individuals who may not have talked in the group may feel more comfortable. Group members are also able to reinforce what they have learned and encourage each other in a non-threatening atmosphere.
Key Points

- Let participants know that stress and critical incidents are an occupational hazard. While we cannot control the incident; we can control how we respond to it. The first step is to be easy with yourself and allow others to support you in the ways that feel right. What we do in the aftermath for ourselves and each other can help the recovery process.
- The body knows no difference between physical injury and emotional trauma. So, by treating stress with the same importance as a physical injury, we can survive – and recover faster and with less long-term reactions.
- There is no simple procedure for dealing with stress, because each person reacts differently and needs different things at different times. Because we are hit on physical, emotional, mental, social (relationships) and spiritual levels, our entire life is affected. SO, be patient as much as you can with the process of healing - and remember - YOU HAVE BEEN INJURED. The key is to LISTEN TO YOUR BODY AND STAY IN THE PRESENT MOMENT as much as possible. Beware of futurizing.
- Give examples of ways of resolving unfinished business and share brief stories to illustrate points about stress reactions and what helps, what hurts TOWARDS THE END OF DEBRIEFING. DO NOT DO THIS TOO SOON. Can be perceived as minimizing present incident.

Follow up Debriefings

Check-in after a CISD has been conducted to follow-up and determine if any secondary trauma has occurred or further support is needed. Lessens the isolation that can occur in the aftermath. Done on anniversary dates or a few weeks/months after the incident. Also can determine if any action steps need to be taken, such as a ceremony of life, tree planting, re-visited the incident scene, creating a trust fund for family members, contacting victims, RPs, etc.

Key Points

- Focus and explore how their lives have been impacted since the incident.
- Discuss the power of landmines and anniversary dates. To quote a famous Army general, “A man that doesn’t cry, scares me” – stated to an interviewer who witnessed him cry after the death of his mother, and asked if he was ashamed or embarrassed.
- Plan for action steps that may still need to be done.
- Explore the spiritual, or life changing, impact this incident has created. Discuss examples.
Landmine Debriefings

Debriefing over past incidents that have been identified as unresolved for responding and affected personnel. Modified to allow for distance of incident, but same basic phases as debriefing. Can be done for a cluster of unresolved incidents over time that personnel have survived, or can focus on a specific incident from the past.

Key Points

- State clearly that it does not matter how long ago the incident occurred. If it was never dealt with in a humane or positive way, it is like it happened yesterday. Trauma knows no time.
- Acknowledge again that this is not therapy. Proceed carefully, and let participants know that it is not easy to dredge up feelings and issues from the past and they at all times, have total control over what they discuss and how.
- Discussing past incidents can give participants some distance and perspective, and also untied co-workers who survived the incidents and the aftermath.
- This is also a time to do a review of unfinished business or of any personal or family aftershocks since the incident(s).
Group Intervention/Debriefing Techniques

1. State purpose for gathering. Acknowledge people’s courage in being present.

2. Set up ground rules for meeting – confidentiality, safe place to share any feelings that surface, etc. What you experience in the aftermath of a trauma /disaster/critical incident is called delayed stress response syndrome - or in simpler words - grief. The grief process is the natural human response to loss, trauma or tragedy. It is not a problem to be solved, but a journey to walk through. day by day, step by step. It is universal and yet very individual.

3. Explain format for meeting:

You can break a large group into smaller groups at this time.

1. Information stage: What happened to you? Where were you? etc.
2. Physical sensations: What happened to you physically and cognitively immediately after the incident? One day after? Three days after? Two weeks after? Six weeks after? Four to six months after? Nine to ten months after? One year after? etc.
3. Emotional stage: What feelings have surfaced since the incident immediately, and in the aftermath?
4. Landmine stage: Present traumatic events trigger past events related to loss, trauma or death. What memories have come up for you since the incident? Have you found yourself thinking about anyone from your past?
5. Meaning in the aftermath: Is there anything meaningful (or lessons learned) that emerged from this tragedy (eg: People pulling together to help each other)
6. Education stage: Share information on delayed stress response. And the grief recovery dimensions. Let people know this is an ongoing process of healing.

4. Establish what has been the hardest or most traumatic about the incident and what has been most difficult in the aftermath.

5. Find out what people have done since the disaster/incident.

6. Discuss the stages of recovery in the grief process after trauma.

7. Allow for open-ended sharing.
**Philosophy of Crisis Intervention**

Intervention implies that you will somehow be a presence of healing in the midst of trauma and crisis. It does not necessarily mean you will change the circumstances of the presenting problem or issue, nor will you always find a solution or answer to the situation. In essence, you enable the person to claim back their personal power, as much as possible, except when that power will cause immediate physical damage to that person or others around that person.

Personal power can be experienced and expressed in a variety of ways. Your goal as an Intervener is to maximize the person’s experience of their own power of choice, and their power of action. People in crisis are systematically denied power of choice. Advice, and even actions, without permission of that person, is often given freely “for that person’s own good.” The person may be given a couple of options in a limited time frame, without the opportunity to explore different choices within their grasp.

Ways to maximize power:

- **Stay in the present moment** as much as possible – Focus on one issue at a time. Help person in crisis prioritize Issues, i.e.: “What's the most important, most difficult right now?”
- **Help person in crisis explore feelings and express emotions**, by getting in touch with body sensations.
- **Help person in crisis mobilize resources** both for immediate and ongoing support.
- **Support person in crisis in getting immediate physical needs met**, such as a blanket, glass of water (people in crisis often become dehydrated), a ride home or to the hospital, etc.
- **Needs can often change**, moment to moment. One minute the person may need to be alone and silent, the next moment the person may need to talk or be held or touched. Check In periodically to find out what is needed.

When someone you know is seriously ill, going through a divorce, grieving the death of a loved one or experiencing any major life change or crisis, here are some helpful hints:

- **When someone is ill, remember they are still alive**. They are the same person you knew before they became ill. Too often, friends and family isolate persons living with disease, because we are afraid to say or do the “wrong thing.”
- **It is okay – even valuable – to be honest about your concerns and feelings**. Sometimes we don't always have the “right words” to make it better at our fingertips. Acknowledging our own helplessness enables those we are supporting to feel more secure in expressing their own feelings –and needs. It breaks the conspiracy of silence and lessens the feelings of being “abnormal or crazy.”
- **Acknowledging the loss**, no matter what it is, can be healing and supportive to the individual. Done in a gentle, non-Invasive way, you can validate that person’s ongoing Journey of grief and the many feelings that surface over time. It can clear the air of tension, caused by the overwhelming silence that surrounds loss, trauma and death.
• **Be honest about your own limitations and offerings of support.** Be specific about how you would like to help and allow them to choose what feels right. If you just say “Call me anytime,” people in crisis will have a difficult time focusing on what they need and when.

• **Be accepting of your own feelings of ambivalence towards your friend.** Sometimes it is very difficult to support persons facing loss. Their moods are unpredictable, their needs sometimes unclear. Also, if you have regular contact with another person facing loss, it is a vivid reminder that the same thing could happen to you. It may bring up fears, or past experience in your own life.

• **Share Information** on the grief process and post-traumatic stress with your friend. Handouts, books, community resources are very powerful healing tools when given by someone we know.

• People facing trauma experience the world going on around them with no validation of the devastation of their loss. **A card, a letter, especially a few weeks or months down the road, is doubly appreciated.** These are ways of letting them know you still care, and know they are normal people dealing with a traumatic situation.
Post Trauma Stress in Primary Victims Vs Emergency Service Personnel

- Responder takes on more guilt/responsibility.
- Responder may have more severe responses - due to his/her role.
- More complicated issues with Responders than victims, who just happened to be in the wrong place at the wrong time.
- Mixed feelings for Responder when victim is also suspect/criminal
- Generally speaking, younger personnel have more severe reactions. On the other hand, more experienced personnel may have more delayed stress responses.
- Worst-case traumas include death to a child by a parent or death/injury of a co-worker in the line of duty.
- The responder may face secondary stress as a result of departmental procedures in the aftermath of the incident
- Stress can be increased by the belief that responders should not be affected in the aftermath because it is their job. The opposite can be true, because of the nature of their involvement. This can create stigma and isolation for the involved responders in the workplace.
- Responders are often involved with more than one aspect of the incident. The more interaction and involvement with the incident, the higher the stress. The victim is focused primarily on their part of the incident.
- In the family setting, the responder is alone because they are the only person familiar with the incident. In victims' families, they have either lived through the incident, or are dealing with the aftermath together.
Pre-Stress Education - Public Safety/Emergency/Communications

Critical incidents, shootings, occupational stress and cumulative stress are a part of a law enforcement career. However, we can prepare for these stressors, instead of simply reacting in the aftermath. Knowledge is the key to understanding stress and effective techniques for surviving at home and in the workplace. This outline will identify areas to examine before stressful events occur.

Definition of Critical Incident: Any incident that causes unusually strong reactions in responding personnel.

Know department policies and procedures in the aftermath of:

- Shooting Incidents
- Critical Incidents
- I.A. / Investigated incidents

1. What are policies and/or guidelines regarding:

   1. Immediate aftermath - shooting/use of force incident
      - When is the service weapon taken from the involved officers? Is a replacement weapon issued? When and how?
      - Is the officer(s) given or offered immediate peer support on scene and/or immediately after the incident (within 2 hours)?
      - When and how does the investigative process begin?
      - What options are given to officer(s) in regards to:
        - Notifying spouse and/or significant others about incident
        - Neutral, “safe” place to go after incident – before being taken home
        - Peer support and/or professional, psychological support or team for debriefing
          (Do not use fitness-for-duty mental health professional for debriefing)

   2. Is concise, written information available on post trauma stress symptoms and effective coping techniques for time frames:
      - 0 - 72 hours
      - 72 hours - 6 months
      - 6 months - 1 year
      - 1 year - 3 years • duration
Mental, Physical, Emotional and Social Reactions

0 - 72 hours

- Uncontrollable sweating
- Shortness of breath
- Disoriented - feeling disconnected, from your body or the activities around you
- Inability to remember simple procedures, or retain simple facts
- Tunnel vision
- Doubt about your ability to function
- Shakiness
- Dry mouth
- Nausea, vomiting
- Inability to hear and/or comprehend what is being said to you
- Numbness
- Internal tremors
- Overwhelming sadness
- Vulnerable
- Guilty
- Questioning tactical/procedural response to incident
- Anger/Hostility at department, victim, perpetrator, fellow officers, family, God, world
- Nightmares
- Flashbacks to incident or previous incidents
- Trauma time distortion
- Fantasies of retribution or reenacting of incident
- Sense of being 'bad' or 'wrong' and needing punishment
- Headaches, pain behind the eyes, neck pain, chest heaviness, choking sensation
- Body tension, involuntary jerking motions of muscles
- Frightened - heightened startle response
- Helpless/hopeless
- Hyper vigilant - on alert for danger
- Aggressive behavior
- Confusion
- Despair
- Inability to speak or think clearly
- Land mines (reminders of pain/trauma)
- Feelings that co-workers and others are blaming you or making fun of you
What to do

- Acknowledge you are a NORMAL person surviving abnormally stressful circumstances.
- TALK IT OUT – over and over again – or write it out. The more you get your feelings, thoughts and reactions OUT - the less stress is contained in your body.
- Realize you only have to cope with ONE MOMENT AT A TIME, ONE SITUATION AT A TIME. Don't over-stress yourself thinking too far in the future – or worrying about what might have been.
- Focus each moment on what you feel (what's the most difficult for you) – and what you need (to do or get support with) RIGHT NOW.
- Bring CLOSURE and resolution to as much as you can RIGHT NOW. Then let go of situations you do not have control over. Much stress IS caused by the ILLUSION of control over thoughts, feelings and actions around us.
- Law enforcement/emergency personnel are action oriented. DO SOMETHING PHYSICALLY ACTIVE, even if its exercise, washing the car, cleaning your home, playing sports, etc. DO ANYTHING THAT GIVES YOU SPECIFIC PERIMETERS AND A SENSE OF ACCOMPLISHMENT.
- LEARN DE-STRESSING TECHNIQUES, such as deep breathing, positive trauma de-sensitization, etc.
- AVOID ALCOHOL (It is a depressant), overuse of medications, caffeine and sugar (both artificial stimulants - which create an initial high – and then dump you into a deeper low)
- Support Systems: Having a buffer of friends, co-workers and family support you in specific situations can make the difference in taking some of the pressure off. Generally, we depend upon one person, or oneself only for all our needs. This is unrealistic.
This support matrix lists some of the needs we can face after trauma. Put down the different individuals in your life you feel comfortable trusting to support you in these different ways:

Who can you:

- Talk about what came down (the details) during the incident
- Discuss feelings of anger, hostility and frustration
- Discuss thoughts and feelings of helplessness, powerlessness and fear
- Discuss guilt feelings, depression, loneliness and/or feelings of wanting to end it all
- Ask for help in managing physical symptoms - and lowered level of functioning (short attention span, inability to complete simple tasks, short term memory loss, disorientation, sleeplessness, body aches, etc.)
- Get support in doing fun activities and ‘getting away from trauma’
- Ask for assistance with 'activities of daily living' - food, clothing, shelter, family activities, bills, etc.
- Get support in dealing with departmental aftermath: IA, investigations, briefings, tactical debriefings, re-entry into work, any disciplinary action
- Talk about past experiences, anniversary times, landmines – and get help in de-sensitizing from difficult trauma triggers
Interrelationships in Public Safety

Whole Family Unit

Family Member

Points to remember:

- Relationships are complicated.
- The entire group has its unique personality.
- Informal group power structures exist.
- Behaviors don't equal feelings.
- Judgments are often based on behaviors.
Sensory Trauma Healing

**Sensory Input**

- Visual (See)
- Auditory (Hear)
- Kinesthetic (Feel/Touch)
- Olfactory (Smell)
- Gustatory (Taste)

Intuitive Input (Combination of the senses)

**Sensory Processing**

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<thead>
<tr>
<th>Dimensions of Time</th>
<th>Trauma Imprint</th>
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<tbody>
<tr>
<td>Real Time (Linear Time)</td>
<td>Multi-functioning:</td>
</tr>
<tr>
<td>Trauma time (Foreshortened or Elongated)</td>
<td>Combination senses</td>
</tr>
<tr>
<td>Timelessness - Eternal NOW</td>
<td>Multi-levels</td>
</tr>
<tr>
<td>Past Time (Regrets)</td>
<td>Multiple incidents</td>
</tr>
<tr>
<td>Future Time (Anxiety)</td>
<td>Team reactions</td>
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</tbody>
</table>

**Trauma Release**

<table>
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<tr>
<th>Immediate</th>
<th>In the Aftermath</th>
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</thead>
<tbody>
<tr>
<td>Maintain Control</td>
<td>Determine trauma imprint</td>
</tr>
<tr>
<td>Create Choice</td>
<td>Create effective release actions according to sensory access</td>
</tr>
<tr>
<td>Move</td>
<td>Create new normal</td>
</tr>
<tr>
<td>Breathe</td>
<td>Re-build safe environment and outlets of continued release</td>
</tr>
<tr>
<td>Get Safe</td>
<td>DO SOMETHING ACTIVE, POSITIVE AND LIFE AFFIRMING</td>
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Post Trauma Stress

Definitions
CRISIS INTERVENTION: Immediate emotional support at times when a person’s own resources appear to have failed to adequately cope with a problem or life situation,

CRITICAL INCIDENT STRESS DEBRIEFING (CISD): An organized approach to supporting emergency service personnel and survivors who are involved in emergency operations under conditions of extreme stress in order to assist in mitigating long-term emotional trauma.

CRITICAL INCIDENT: Any situation faced by emergency services workers or survivors that causes them to experience unusually strong emotional reactions, which have the potential to interfere with their ability to function, either on the scene or later.

CRISIS INTERVENTION/SUPPORT TEAM: A basic team of disaster and crisis intervention trained volunteers, nurses, mental health professionals and emergency responders which provides emergency intervention in disaster and/or community trauma situations.

DEBRIEFING: Critical Incident Stress Debriefing (CISD) is not a critique of any operation or performance, and these subjects will not be discussed during the debriefing. The debriefing process provides formats in which personnel and survivors can discuss their feelings and reactions, thus reducing the stress which results from exposure to critical incidents. No supervisor, watch commander, incident commander, or administrative personnel not involved directly with the specific incident are permitted to be present during the debriefing. All debriefings are STRICTLY CONFIDENTIAL.

CRISIS INTERVENTION IS EMOTIONAL FIRST AID.

Response to Trauma
Maslow’s Needs Hierarchy

1. Physical Needs
2. Safety and Security
3. Love and Be Loved
4. Positive Self Esteem
5. Self Actualization

- Humans strive for the highest possible level, which is reached when all the lower levels have been satisfied sufficiently.
- In trauma, pyramid tumbles down to most basic physical needs.
• Loss and Grief

ALL SURVIVORS SUFFER LOSS. Grief is the natural human response to loss. Mourning is the process of grief, which can last for many months, many years, and in one sense, forever. Time can heal the gut-wrenching agony of grief, but no one and nothing can ever replace that which is lost. Grief ebbs and flows like the ocean tides – and is very much like a spiral. As feelings and reactions are worked through, another layer of pain and loss is revealed. This is normal.

Reactions: Need to control, physical and emotional abuse, suicidal thoughts, rigid response, paralysis

**List of Losses**
Add
Security
Safety
Properly
Loved one's life
Health
Community
Daily routine
Innocence

**Emotional Responses to Trauma**
DENIAL/SHOCK – Victim often minimizes, denies anything of importance has happened, experiences physical and emotional numbness. There can be a sense of relief, even exhilaration. Denial is a valuable state, as it allows us to cope with overwhelming information a piece at a time.

STRONG EMOTIONAL RESPONSE – Event and aftermath feel overwhelming. Victim can experience sweating, speech difficulty, crying, trembling, rapid heartbeat, restlessness, dry mouth, hyper-sensitivity, anger and disorientation.

LONELINESS – Victim may need to tell and re-tell the story of the event and the details. This is where the daily impact of the trauma begins to set in. There may be times of uncontrollable shaking, tears, anger and a yearning for the way things were before the trauma.

WAVES OF FEELING TO ACCEPTANCE – Fear, guilt, anger, relief, depression all cycle down to a sense of accepting the reality of the disaster. Victim is ready to make a concentrated effort to solve the problems the disaster has created. It is important that the victim take specific action steps to help him (her) self and family.

RECOVERY – The grief process is highly individual, and although most people go through all the dimensions, some may just touch on one area and spend a great amount of time on another. This phase represents and recovery of normalcy in the aftermath of a trauma. Routines are established. The ability
to make decisions and carry out tasks has returned to normal. Victims develop a realistic memory of their experience. A sense of well being is restored.

**Stages of Disaster/Trauma**

**PRE-IMPACT OR WARNING PHASE**

How the individual and community react during this stage has a great deal to do with how prepared they were for the incident.

Even when informed, there is a reluctance to prepare, or even acknowledge that danger is on its way. The ‘illusion of security’ is that it will never happen to us. Disasters only occur in other communities – to other people.

**IMPACT**

Emotions are strong and clear.

Feats of heroism.

Strong community bond develops.

**POST IMPACT**

- **Inventory**: Taking stock of what happened, immediate physical intervention.
- **“Honeymoon”:** Survivors feel their needs will be met, problems will be solved. Good community spirit.
- **Disillusionment**: Strong feelings of disappointment, resentment, and bitterness. Feeling abandoned and overwhelmed by the realization that assistance did not meet expectations. Community and family groups, once tightly bonded are now disintegrating. A sense of shared community may disappear as individuals focus on their own problems. People are also now out of shock - the full reality of what has happened and the extent of their losses is clearer.

**RECONSTRUCTION**

- People realize they will be responsible for their own recovery.
- Rebuilding of community helps to foster hope and a sense of well being, as well as the trust in the capacity of the community to renew itself.
- **POLICE, EMERGENCY WORKERS AND CAREGIVERS ON THE FRONT LINES MAY HAVE A DELAYED GRIEF RESPONSE AT THIS POINT.**
- Any “land mines” or “memory triggers” of past traumatic events may surface at this time.
- Arrested or delayed reactions, as well as ‘anniversary’ reactions may occur. This is where follow-up support is often needed.
Stress

Adapted from Dr. George Everly, Dr. Jeffrey Mitchell and Centre for Living with Dying Training programs

Misconceptions regarding stress and the stress response

- Stress related symptoms and psychosomatic diseases are all in my head, therefore they can't really hurt me.
- Everyone suffers from stress in the same way I do.
- I always know when I begin to suffer excessive stress.
- Only weak people suffer from stress.
- What causes one person stress will cause all people stress.

Facts regarding stress

1. Stress is not the same as tension.
2. Stressor leads to a stress response. Stress implies a response.
3. The more stress you're under, the less perceptive you are to stress, because the brain drug released under stress (B endorphin), numbs the victim.
4. People who are around high stress tend to feel invincible to its effects.
5. Experiencing a stress response is not weak. It is a natural human reaction. How you deal with stress (attitudes and actions) can make it worse or alleviate its symptoms.
6. Effective stress intervention techniques need to take into consideration cultural/ethnic differences, as well as personality traits of particular occupations.
7. Stress is not all bad. Stress is the condition of heightened energy and an optimal energy level for maximum performance. Distress occurs when the stress level goes beyond optimum and overtaxes the physical, mental and emotional systems.
8. In order to avoid boredom, public safely, emergency and healthcare workers can over-stimulate their bodies with caffeine, nicotine, and other drugs, as well as their minds with activities and diversions that are dangerous or even potentially life threatening.
9. Stress is addictive - both physiologically and psychologically. Caffeine amplifies the effects of stress.

Being aware of Land Mines Following a Critical Incident

In the days, weeks, months and even years following a critical incident, various triggers can emerge which serve to revive aspects of the incident. These land-mine reactions are normal, and they can be
anticipated and planned for. The following is a partial list of potential land mines. Recognition of their existence will help normalize and minimize difficult feelings that might arise.

- Anniversary of loss or event
- Occurrence of similar incident
- Victim same age or reminds you of family member or yourself
- Certain songs or music
- Certain foods, or types of food
- Seeing a stranger who looks like loved one, victim or perpetrator
- Routine procedures at work that trigger memory
- Children walking to school
- Holidays - especially family days, such as Christmas, Fourth of July, Thanksgiving, and Birthdays
- Movies, television shows
- Places - location where incident happened, places that
- Similar look, odor, feel
- Vehicle, truck that was used
- Grocery stores
- Outdoor places - favorite camping ground, or hiking trail
- Activities shared with loved one
- Daily routines
- Meals - preparing and eating
- Young lovers
- Elderly people
- Clothing
- Sights, scents, sounds, feelings that trigger a memory of
- Loss or trauma
- Uniform
- Patrol car
- Dispatch console/bay
- Station
- Service weapon
- Incident site
- Report forms
- Fellow officers
- DA’s Office, Courtroom, Court building
WHY DO WE HAVE CISM PROGRAMS?
According to the National Council on Compensation Insurance, excessive stress accounts for about 14% of all “occupational disease” workers’ compensations claims, The Council notes that medical and other benefit payments average $15,000 for stress-related claims. This amount is twice the average amount paid per claim for workers with physical injuries

Although even more difficult to document, the total financial costs of excessive stress to business and industry, beyond just workers' compensation claims, appear quite formidable. Estimates place the overall cost of stress on the economy as high as $150 billion per year

For those in high risk professions, any single traumatic incident could engender symptoms of post-traumatic stress disorder or fully developed PTSD. Consider, then, the following

1. Work-related stress claims represent the fastest growing and most costly. per incident. type of workers' compensation claim affecting American commerce
2. PTSD is a severe and incapacitating form of stress-related disorder, capable of ending its victim's functional life in a matter of moments while changing, forever, the life of the victim’s family.
3. The risk of becoming a victim of PTSD is mostly a function of being in a high-risk, potentially traumatizing situation I experience, this individuals in "high-risk" occupations (such as emergency service professions) are a higher than normal risk for PTSD.
4. The career prevalence of PTSD in a major urban fire department was estimated at over 16% and it may be that the risk of developing PSTD over the span of a career in any of the emergency service professions is in the 15% to 20% range.

CISD TEAM TRAINING
There are many issues which a Critical Incident Stress Management (CISM) team must face as it develops and maintains its operations. Training stands out as the most important of all. Without training, the team cannot perform its mission and the chance of causing damage to another person increases sharply. Even the most knowledgeable mental health professionals need to have the CISM training to assure that they are familiar with the terminology utilized in the field.

It is also important that one understands that the intervention techniques which have been designed for the use with emergency personnel may be used, with only minor adjustments, in the general community as well as in industrial, educational and commercial settings. But the techniques, which were developed for use specifically with the general population, cannot be used with the emergency personnel.

Prior to service in any CISM or CISD activity:
• All team members must complete a minimum of 16 hours of the Basic CISM Training and Instruction
• All team members must complete a minimum of 16 hours of Advanced CISM Training
• All team members must complete the Trauma Communications/Death Notification training – 8 hours

The cost for all three instruction blocks is roughly $500.00 per Peer, not inclusive of extra expenses (Travel, lodging and food).

PRIMARY GUIDELINES FOR TEAM HEALTH
There are three primary techniques and several secondary considerations which will keep a CISM team healthy and functioning once it has been established. Ignoring these guidelines for team health, especially the primary techniques, sets the stage for the eventual failure of a team.

• Education
• Cross Familiarization
• Regular team meetings
• Ongoing training

Crisis Intervention Group Procedures for Loss in the Workplace
Effective techniques in the aftermath of a death or illness of an employee major shift in key personnel (transfer, retirement, termination).

1. Acknowledge the loss. Do not try to ignore it or deny it. A sensitive memo on internal mail networks is more effective than letting employees talk about it among themselves. This can breed rumors and perpetuate false information. This is particularly true in sudden death situations (suicide, homicide, accidents, sudden illness).
2. Establish a support group time for staff most affected. Call in a neutral consultant to facilitate the meeting for you.

Steps in support group:

1. State the reason for the meeting: To talk about the loss that has happened and to give people the opportunity to share, in a confidential setting. Acknowledge that we are a part of a 'work family' that is affected by loss.
2. Give information on the grief process as the natural response to loss or change.
   a. Talk about the dimensions: the shock and numbness, the lowered level of functioning, the landmines, the wide spectrum of feelings and the time frame of grief (many feelings and reactions may be delayed for weeks or even months).
b. The body is the container of our pain, so many times our bodies will express what our minds will not. Therefore, our immune system is lowered, our attention span is very short and we may not be able to sleep at night, and be exhausts: at work.
c. Point out that this loss may trigger past losses that have not had time or permission to heal.
d. Our society does not give permission to share about grief. For many employees, this may be the first opportunity to address personal grief issues brought up by the present loss.
e. Each individual grieves uniquely. Although the feelings may be very similar, the behaviors can be quite different. Make allowances for other's reactions.
3. Encourage people to share their relationship with the person who has died:
   a. How closely did they work with this individual?
   b. What were the qualities of that individual that they will miss?
   c. How did they find out about the death or loss?
   d. Did they have any 'unfinished business' (i.e., incomplete interactions with the individual)?
   e. Did they have a relationship with that person outside of work?
4. If it was a death, did employees get a chance to attend the funeral? Was the memorial a positive experience? If not, a non-denominational celebration of life at the workplace would be a good chance for employees to actively heal together.
5. If the employee is ill, who has been to visit him/her? What is the hardest issue to deal with about this person’s illness? For people who cannot see them, suggest writing a note as a way of communicating caring.
6. An appropriate closure to the meeting might be to have everyone share one thing they would like to give their co-worker and one quality they would like to keep in their hearts.
7. Inform them that departments are very much like a family. We sometimes' spend more time with our co-workers than we do at home. So, it is like losing a sibling or parent when a co-worker dies. In the weeks and months afterwards, we can support each other through the journey of grief, rather than judging each other for how we are grieving.
8. Often, there can be a delayed reaction to the loss. Feelings can go underground and instead surface in behaviors, such as absenteeism, tardiness, low job performance, low morale and general depression in the workplace. Keep an open and clear communication with co-workers in the days and weeks in the future.
FAMILY DYNAMICS

To understand how a family responds in crisis, we must first visualize the family system. A family is more than the sum of its members. The family becomes another entity, very much like another person with a unique personality and also an individual set of coping mechanisms.

In a family, when loss, illness or death affects one member, every other member is touched in a significant way due to the complicated interactions between family members.

Not only does each family member have a unique special relationship with each other member, but each member also has a relationship with the whole family unit. Add the element of TIME: years of relating to each other and certain patterns are created that become established behavior, particularly in crisis. Also, external forces influence the entire family: environment, home, neighborhood, culture, religion, economic status, mobility, and extended family relationships.

Grief is the human response to any kind of change or loss in life. Each of us experiences grief differently - and each of us responds in our unique way. In families, we often react to fellow family member's behavior, rather than the feeling behind the behavior. As a result, communication and mutual understanding becomes even more difficult.

Example: The father has terminal cancer and is at home. Each family member has a different reaction.

<table>
<thead>
<tr>
<th>Family member</th>
<th>Behavior</th>
<th>Feelings behind behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Son 12 years</td>
<td>Aggressive play, acting out at school, not doing chores, fights, resists authority</td>
<td>Angry, helpless, scared</td>
</tr>
<tr>
<td>Daughter 13 years</td>
<td>Watches TV, withdraws into bedroom alone</td>
<td>Sad, scared, depressed</td>
</tr>
<tr>
<td>Daughter 4 years</td>
<td>Cries all the time, holds blanket, bedwetting</td>
<td>Feels abandoned, sad, scared</td>
</tr>
<tr>
<td>Mother 32 years</td>
<td>Performance down at work, controlled, frantic, sometimes hysterical</td>
<td>Helpless, scared, angry, guilty</td>
</tr>
<tr>
<td>Aunt 49 years</td>
<td>Cheerful, overly optimistic</td>
<td>Denying, scared, guilty</td>
</tr>
<tr>
<td>Father 35 years</td>
<td>Snaps at kids, withdrawn, irritable, complaining</td>
<td>Angry, scared, sad, depressed, guilty</td>
</tr>
</tbody>
</table>

We can see that family members may share very similar feelings, but their behaviors can alienate them from each other. A way to be supportive of a family facing this type of day-to-day crisis is to point out the difference between feelings and behaviors and create a safe atmosphere for each member of the family to share their feelings in the family group about what is happening in their life.
Good questions:

1. *How has your life changed since this has happened?*
2. *How do you feel about your father being ill? Right now?*
3. *How is it having your father at home?*
4. *What do you miss about the way things were?*
5. *What do you need to help you make it through each day? From what family member?*
6. *What are you most concerned about in the future?*

For each family member, the magnitude of the loss (how the crisis has changed their life – and what they miss from that particular individual, who is ill or has died – is overwhelmingly personal. Each person is covered in their own “overcoat of pain.” It is sometimes useful to have family members list what they received from that person - and what they have lost. Each person is missing and losing an essential relationship and each family member has to compensate for their own lack – as well as the gap left in the whole family unit. These adjustments are incredibly straining in the 'daily life of a family. Validating the magnitude of these changes in specific details enables family members to become aware of their situation. They can then mobilize their internal and family resources to build a positive, cohesive support system with each other.
We are Family:
Family Dynamics in Illness and Grief

Definitions of Family:

1. All the people living in the same house: household
2. A social unit consisting of parents and the children that they rear, the children of the same parents
3. One's husband (or wife) and children
4. A group of people related by ancestry or marriage; relatives
5. All those claiming descent from a common ancestor; tribe or clan; lineage
6. A group of things or people having a common source or similar features.

In the course of our lives, we build many different types of families. Each family has its unique personality and way of coping with loss, stress, crisis or change.

External and internal forces in the course of its existence affect a family. And even though certain members of the family may not be living, they still can exert a very powerful influence on the family's interactions and personality.

An outside person, such as a nurse or therapist will not be able to move in and change what may be years of coping patterns established by the family. What outside supporters can do is to emphasize strengths and build communication links within the family structure.

Even though we may be physically separated from our family of origin, we still carry them with us in terms of our feelings, behaviors, reactions and self-image.

All of us, no matter how wonderful and loving our growing up experience was, have still had to adapt to the separation from the womb. As babies, each of us has felt abandonment, hostility, terror and overwhelming sadness because of this painful separation. If we have not been fortunate in experiencing a “happy” childhood, then our loss will be the dreams and hopes we nurtured as innocent children for happiness and unconditional love. All present losses or crises will trigger this first major loss and the powerful waves of feeling we have known.
Children and Grief Outline

I. Children's grief responses
   a. In hospital or Hospice setting
   b. In funeral situation
   c. At home
   d. In school
   e. Behaviors
      i. Acting out - anger
      ii. Withdrawal
      iii. Physical Illness
      iv. Disruptive behavior
      v. Constant crying/whining
      vi. Increased fears
         1. of separation from loved ones, esp. mother
         2. of own death and death of loved ones
         3. of being punished or “killed”
      vii. Denial or ignoring situation (death, illness, etc.)
      viii. Refusal to talk about person
   f. Different ages - different perceptions of death

II. Supportive measures with children
   a. Honesty - especially when asked questions by child
   b. Include children in family process of grief
      i. Invite children to funeral or to hospital
      ii. Let child actively participate in planning of funeral, or homecoming of sick family member
   c. Share your feeling of grief with child (Do not hide your tears, sadness or anger)
   d. Let child know that grief and all the feelings – are normal
   e. Allow child to have the power of choice in participating in any of the activities around the illness or death
   f. Allow child to physically express grief
      i. Art and play therapy
      ii. Physical sports activities
      iii. Sentence completion
         iv. Rituals of Leave-taking: Celebrations of Life
   g. Allow child to express feelings of fear and guilt