



Crisis
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Critical Incident Stress Management





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Objectives

By the end of this module participants will:

- Understand the definitions of critical incident, crisis and psychological crisis
- Define stress & identify the different types of stress
- Understand the common signs and symptoms of Critical Incident Stress
- Understand the need for crisis services in the aftermath of a traumatic event
- Understand the core components of crisis intervention and Critical Incident Stress Management (CISM)



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- Across the nation, police officers encounter trauma and crisis every day.



An Average Day?



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An Average Day?



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NOT An Average Day?



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Definition of “Critical Incident”

- Any event with enough impact to produce significant emotional reactions
- An event which is extremely unusual in the range of ordinary human experiences.
- An event which may cause post traumatic stress disorder if not resolved quickly and effectively.



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Examples of Critical Incidents

- Serious injury or death of a department member in the line of duty.
- Mass casualty incidents.
- Suicide of a department member or other.
- Events that seriously threaten the lives of responders.
- Death of a child or violence to a child.
- Incidents that attract excessive media coverage.
- Any incident that is charged with profound emotion.



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Examples of Critical Incidents

- Any incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction.
- These events can cause a person to experience a “Psychological Crisis”.





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Psychological Crisis

An acute response to trauma, disaster, or other critical incident wherein:

- Psychological balance is interrupted
- One's usual coping mechanisms have failed
- Evidence of significant distress, impairment, dysfunction



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What is Stress?

- A state of physical, cognitive, and emotional arousal.



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Categories of Stress

- General
- Cumulative
- Critical Incident (Traumatic Stress)
- Post-Traumatic Stress Disorder





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General Stress

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



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Cumulative Stress

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



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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

Physical Signs and Symptoms of Critical Incident Stress



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- Thirst
- Fatigue
- Headaches
- Racing Heart
- Shock
- Gastrointestinal distress
- Sweating
- Muscle tremors
- Chills

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Emotional Signs and Symptoms of Critical Incident Stress



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- Emotional shock
- Sadness/ Depression
- Frustration
- Anger/ Rage
- Irritability
- Feeling overwhelmed
- Anxiety
- Fear
- Phobic reactions
- Withdrawal

Cognitive Signs and Symptoms of Critical Incident Stress



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- Mental confusion
- Inability to concentrate
- Poor attention span
- Difficulties in problem solving
- Memory disruptions
- Inability to calculate
- Impaired decision making
- Time distortions

Post Traumatic Stress Disorder (PTSD)



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

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Post Traumatic Stress Disorder (PTSD) cont.



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- The person has been exposed to a traumatic event in which:
 - They experienced, witnessed or were confronted with an event involving actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others
 - AND the person's response involved intense fear, helplessness, or horror.

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The Need for Crisis Services

- All of our training seems to be aimed at responding to, encountering, and resolving trauma and crisis situations.
- The reality is, little if any, of our training is aimed at teaching us how to deal with the mental and emotional impact of job related experiences on ourselves, our fellow officers, and those we help.



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The Need for Crisis Services

- Over 80% U.S. citizens exposed to trauma
- 31% urban firefighters report symptoms of PTSD
- 10-15% law enforcement personnel develop PTSD
- Police 8.6 times greater risk of suicide than accidental death
- 80% of officers involved in police shootings have resigned from law enforcement within five-years of incident.

Delaware State Police, 2003

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The Need for Crisis Services

- After Oklahoma City, 25-30% increase in divorce rate for OKC Police Department
- 5 suicides in personnel who worked on disaster response
- After Hurricane Katrina 4 New Orleans officers committed suicide, over 200 resigned
- New York City, September 11
 - 2000 used EAP services in first 6 months (3 times annual average)
 - Retirement rate doubled for Police Officers
 - 40,000 NYPD attended stress management seminars



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The Need for Crisis Services

- Over 50% of disaster workers can be expected to develop significant post-traumatic distress

(Wee & Meyers, 2001)





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How Can We Help Our Own

- Many officers experience extreme stress on a short term basis, and over the long term some may develop Post Traumatic Stress Disorder.
- Either may create circumstances leading to divorce, domestic violence, alcohol or drug abuse or even police suicide.
- The average police officer experiences more psychological and/or emotional trauma in three years than the average person encounters in a lifetime.



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What is CISM

- **CISM – Critical Incident Stress Management**
- Is an organized and accepted method of assisting emergency personnel and others to appropriately manage the psychological trauma of emergency work.
- Adaptive short term helping process that focuses solely on an immediate and identifiable problem to enable the officer(s) affected to return to their daily routine more quickly and with a lessened likelihood of experiencing [post-traumatic stress disorder](#).



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What is the goal of CISM?

- To lessen the initial impact of a traumatic incident.
- To prevent more serious problems from developing- such as depression, alcoholism, substance abuse, withdrawn and job burn-out.
- To help emergency personnel return to duty as soon as possible.



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Who can CISM help?

- Dispatchers
- EMS
- Firefighters
- Government Agencies
- Hospitals
- Law Enforcement





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Purpose

- Critical Incident Stress Management is designed to help people deal with their trauma one incident at a time by allowing the individual 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



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CISM Tactics

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



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Overview of CISM Tactics

Pre-incident education/preparation

- Provides general information on stress and trauma.

On-scene support services

- Individual assistance made available while the incident is still taking place.

One-on-one support

- Individually, face-to-face or by telephone.



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Overview...

Demobilization

- Stress management awareness provided to personnel being disengaged from the scene after a large scale disaster.

Defusing

- Usually occurs within 8-10 hours of the incident. Provides informational support, and evaluates the need for a formal debriefing, and to stabilize crew members so they can go home or back in service.



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Overview...

Debriefing

- A group meeting in which a traumatic event is discussed in a non-threatening and structured manner.
- This enables people to return to “normal” functioning more quickly.
- Occurs within 24-72 hours after the incident. It is a confidential discussion of involvement, thoughts, and experiences resulting from the incident.



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Overview...

Significant other support services

- These services are uniquely focused, not only on the affected emergency care provider, but also on their main support systems, their spouses, significant others, families and co-workers.

Follow-up services

- EAP, Mental Health Counselor, etc.

Referral according to need

Post-incident education

- Identifies follow-up services needed once a traumatic event has occurred, such as definition and practice of intervention techniques, individual and group activities, needs assessment, and short and long term planning goals.

Why is CISM Important for CIT Officers



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- CIT officers have the training and basic skills to begin helping fellow officers.
- We can take those skills we have been focusing outward to help the community and focus them inward to help each other!





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Why Include CIT Officers?

- They are already trained in basic elements of mental health.
- They are already identified as having additional skills within the department.
- They have already demonstrated care and concern.
- They can be an effective extension of their present roles as CIT officers.



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Integrating CIT with CISM

- Provides avenues for officers to mitigate the impact of critical incidents within their ranks.
- Accelerates recovery process in peers.
- Provides more effective skills resolution.
- Improves the effectiveness of accessing resources.
- Increases level of awareness of potential problems.



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Conclusion

- Remember CISD/CISM are not substitutes for psychotherapy.
- Rather, they are elements within the emergency mental health system designed to precede and compliment psychotherapy; i.e., part of the full continuum of care.



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Final Thought

“As police officers, we have a very real problem. We don’t recognize how we see, hear, smell, taste, and feel affects us on a daily basis. Our responses to violence are so subtle and long-term that we do not realize what is happening to us until we begin to lose what is most important in our lives: our family, friends, health, spirituality, honor, commitment and sense of self-worth.”

Det. Wm H. Martin, Ret. LAPD who once tried to kill himself and was diagnosed with PTSD, Excerpt from Cop Shock, by Allen Kates

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References

www.tearsofacop.com- This is a website dedicated to raising awareness of police suicides, PTSD (Post Traumatic Stress Disorder), and provides resources in dealing with the unique stressors involved in law enforcement.

www.icisf.org- This is a website dedicated to the Education, training and support services for all Emergency Services professions; Continuing education and training in Emergency Mental Health Services for the Mental Health Community; and Consultation in the establishment of Crisis and Disaster Response Programs for varied organizations and communities worldwide.

Finn, P. & Tomz, T. (1997). Developing a Law Enforcement Stress Program for Officers and Their Families. Washington, DC: National Institute of Justice.

www.VAonline.org is a website dedicated to providing information and resources for Critical Incident stress management.



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Do You Have PTSD?

Do you have any of the following problems? If you check at least seven of the following thirteen items and it is several months after you have experienced a catastrophic event, it is advisable to have a professional consultation to determine if therapy for PTSD is indicated.

- 1. I have strong physical sensations (e.g., sweating, rapid heart beat) when I think about the event.**
- 2. I try to avoid having upsetting thoughts or having contact with things or places associated with the event.**
- 3. My feelings are numb and I have difficulty experiencing normal pleasure and happiness.**
- 4. I am always watchful to make sure I don't experience the same event again.**
- 5. I have feelings of guilt associated with the traumatic event.**
- 6. I have the feeling of being unreal or that the world is unreal.**



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Do You Have PTSD? cont.

7. I feel alienated or isolated from others.
8. I get irritated or angry a lot.
9. I have flashbacks of the event (feeling like the past event is happening all over again in the present).
10. I have trouble falling asleep or staying asleep because memories of the event come into my mind.
11. I have memory difficulties and trouble concentrating these days.
12. I am easily startled when I hear a loud noise or when danger seems imminent.
13. I have been relying increasingly on alcohol or drugs to get through the day.