

## Help with grief and grieving

By Dan McGuire, FAAETS, BCETS

The loss of someone who is special to you can be a very difficult experience. When we lose someone close to us (personal family or work family) we can experience many emotions, feelings and reactions.

Some of these responses can include shock, disbelief, denial, sadness, anger, hopelessness, personal pain, fear and, at the right time, acceptance. These reactions can often become intense, especially if the loss is unexpected or tragic in nature.

These feelings and emotions are to be expected, should be seen as individualized to each person, and not be viewed as wrong if another person is not feeling or reacting the same way. As individuals, each of us will experience a loss differently from our peers, our family members and those we work with. We as individuals will each mourn and grieve differently too, since we are just that—individuals.

**Simply stated, “Normal people, with normal reactions to a traumatic event.”**

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**TEACHING BALANCE...**

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## “Not Always As It Appears”

By Guest Author Jeffrey T. Mitchell, Ph.D., CTS

There has recently been a series of negative studies and media attack articles on CISD and CISM. A glance at the studies and articles suggests that the CISM field is in real trouble. But, the question must be asked, are those studies really measuring the effects of CISD or something else entirely?

The negative studies are of single session “debriefings” provided to individuals. Those studies demonstrate clear violations of the acceptable standards of CISM practice. Single session “debriefings” are a collection of interventions that are, in fact, a form of psychotherapy provided to primary victims such as rape victims or medical patients in a hospital. The providers of these therapies are nurses and emergency department staff members. Provider performance does not indicate any formal CISM training.

Some studies loosely apply the steps of a CISD, but to individuals not groups. (Group interventions are inherently different than individual interventions.) There are no follow-up interventions. Single session debriefings have never been approved or endorsed by the International Critical Incident Stress Foundation, the Red Cross, the National Organization of Victim’s Assistance, The Association of Traumatic Stress Specialists or the American Academy of Experts in Traumatic Stress. None of these organizations has a training program which teaches “single session debriefings” because they do not comply with essential crisis intervention standards.

Some researchers erroneously call their non-standard debriefings “CISD.” Some have made quantum leaps from poorly designed and badly executed studies to a condemnation of the entire field of CISM. The opponents failed to study debriefing within the proper context of a comprehensive, systematic and multi-tactic package of crisis interventions. In summary, inadequately trained personnel are providing a hodgepodge of non-standardized, stand-alone interventions to individuals for whom the CISD process was never intended and in inappropriate circumstances.

Furthermore, the opposition insists that randomized controlled trials are the gold standard in research to the exclusion of all other forms of inquiry. Yet, in several studies claiming to be randomized controlled trials, the individuals who were given “debriefings” were quite different from those who did not receive the “debriefing.”

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### **Grief help con't**

A sudden loss can be a particular source of increased pain, sadness and the other emotions listed above. We tend to feel guilty or partly responsible for the loss since we feel that we 'didn't do enough' to help, we didn't tell the person how we felt about them, and we regret not having more time with them.

#### **Steps to help you move through this experience include:**

- Recognize the loss and understand that it has occurred.
- Allow for your own feelings and emotions. This is not the time to allow others to dictate how to feel, react or what to say.
- Recall the times you did have with the person and find comfort in the positive experiences you have gained from knowing them.
- Begin to realize and accept that your life will be different without them
- Find time to yourself to begin the acceptance of the loss, realize that you feel sad, angry or are in disbelief that they are now gone.
- Also realize that you will have to re-adjust to the loss and that this takes TIME! We will all process and proceed through the loss at our own pace and others may 'bounce back' sooner or may take longer. Individual reactions to a shared experience!
- Peer support at a time like this can be invaluable!
- Put yourself first by eating sensibly, getting adequate rest, reduce caffeine, sugars and fats, increase the amounts of water you drink and get some moderate exercise to help relieve a portion of the stresses you may be experiencing.
- Try journalizing your thoughts to help you organize them and better understand them. With grief and stress, our thought processes can become diffuse and we can find ourselves overwhelmed with fleeting thoughts.
  
- **Asking for this level of help does not in any way mean that you are crazy, weak or that there is something wrong. It means that you cared about the person who died, and that you may need some help in moving on.**

In summary, the death of someone close to us is a very sad and painful encounter. Realizing that our close friend, loved one or spouse is no longer with us can be frightening and traumatic.

However, using this basic advice can assist you through this difficult time. It is completely normal to miss that special person and think about them often. As the days ahead turn into weeks and months, you will be able to work through this sense of loss and grief. *We ask that if you know of someone who is experiencing grief and may be having difficulty, please share this informative article with them. ±*

## **Marketing your CISM Team**

*By Dan McGuire, FAAETS, BCETS*

When a CISM team is first starting—getting organized and launching their services in their area—there is considerable work to be done in educating your area 'customers' or responders on what CISM is, what it does and, equally importantly, what it is not.

It wasn't until the late 1980's when Drs. Mitchell and Everly of the International Critical Incident Stress Foundation were able to assemble a multi-component program on educating people about, mitigating and reducing the harmful effects of critical incident stress.

Part of the early success of any team lies in developing and presenting an educational program to its customers, or what I call the **Inoculation Program**. The program should consist of a few main themes such as:

- Basic critical incident stress (CIS) information
- Short-term and long-term effects of CIS
- Why CIS affects responders differently
- Signs and symptoms of CIS
- Healthy measures to mitigate CIS
- How a CISM team works
- How to correctly activate the CISM team
- Time for comments/ questions from the audience

One successful tactic the Monroe County CISM team here in Rochester, NY took was to send an introduction letter listing the team's purpose and list of programs available to all emergency services agencies in the area. This is an efficient way to get the information out to the agencies and to offer up the programs and services readily available. It's recommended you do this at least once a year since those in leadership positions within these agencies change frequently and this information may not get passed on to the new officers.

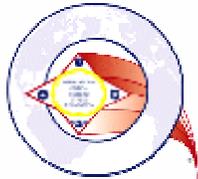
Even better, a PowerPoint presentation from a laptop will enable you to use color, graphics and a few special effects. I suggest some type of short video to help make the presentation multi-media. These types of program can serve dual purposes—introducing the team and CISM. If your team is relatively new, this is a super way to get out in front of your audience and let them meet you, see that CISM is not what many rumors make it out to be, and learn what you can do for them.

Leave handouts with your audience and team brochures as well. By making your contact information easily found and accessible, the ability to increase your team presence in the minds of the responders will greatly improve. ±

Check out these CISM websites!

## **CISM PERSPECTIVES**

**WWW.CISMPERSPECTIVES.COM**



**International Critical Incident Stress Foundation  
(ICISF) [www.icisf.org](http://www.icisf.org)**



**The American Academy of Experts in  
Traumatic Stress  
[www.aaets.org](http://www.aaets.org)**

### **CALENDAR OF EVENTS**

**BASIC AND ADVANCED CISM WORKSHOPS**  
**APRIL 25<sup>TH</sup> AND 26<sup>TH</sup>, ROCHESTER, NY**

**LINE OF DUTY DEATH SEMINAR,**  
**ROCHESTER, NY, SEPTEMBER 20<sup>TH</sup>, 2003**



**“A day dawns, quite like other days; in it, a single hour comes, quite like other hours; but in that day and in that hour the chance of a lifetime faces us.”**  
**Maltbie Babcock**

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Randomization efforts did not achieve equality of groups.

CISM opponents consistently mistake crisis intervention services for psychotherapy. In fact, debriefings are being substituted for psychotherapy and then criticized when they cannot achieve results which even psychotherapies would be hard pressed to achieve. That is a core misunderstanding of the very nature of CISM.

The primary goals of the crisis intervention program entitled CISM are to mitigate the impact of a critical incident and to accelerate recovery processes of normal people with normal reactions to abnormal events.

CISM services perform well as screening mechanisms that may be utilized to identify people who need additional services. CISM also enhances group cohesion and unit performance. It does not eliminate all stress symptoms, depression or anxiety disorders nor does CISM claim to be a cure for PTSD. Many positive outcome research studies demonstrate that CISM does, in fact, achieve its primary goals.

From my point of view, every study presents a small window through which we can view the field of CISM. Each one tells us more about what works and what does not work. Even the negative studies tell us at least what we should not be doing if we wish to engage in helpful crisis intervention. We can learn from all forms of study. CISM services based in well founded theoretical frameworks and supported by a broad range of studies can be properly applied by well trained professional and paraprofessional crisis interventionists.

For twenty eight years I have studied the theories, the studies, and the reports concerning CISM. In all that time I have not found any relevant documented evidence that has dissuaded me from the careful application of appropriate crisis intervention procedures for individuals and groups. Crisis intervention tactics, particularly the group tactics, are not simple. To be effective, crisis intervention must be applied by well trained and skillful interventionists. Various tactics must also be applied at the right time and under the right circumstances.

Over the years, I have written several literature reviews in peer reviewed journals. Yet the same flawed arguments pointing to the same flawed studies against CISD arise again and again. I hope that there will soon be an end to the persistent rehashing of worn-out criticisms of the field based on faulty studies. If not, then I can only agree with Dr. Atle Dyregrov of Bergen, Norway who stated in 1998, “In my opinion the debate on debriefing is not only a scientific but also a political debate. It entails power and positions in the therapeutic world.” ±

## RECOMMENDED READING

### **“GOOD GRIEF”**

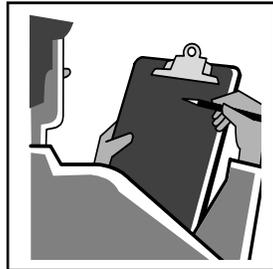
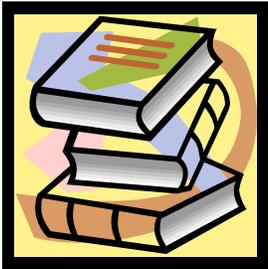
AUTHOR: GRANGER E. WESTBERG

PUBLISHED 1997

### **“DEADLY FORCE ENCOUNTERS”**

AUTHOR: DR. ALEXIS ARTWOHL & LOREN CHRISTENSEN

PUBLISHED 1997



**“Individual commitment to a group effort, which is what makes a team work, a company work, a society work, a civilization work.”**

**-- Vince Lombardi,  
American Football Coach**

## **Are you ready for a critical incident?**

When you are working with a company or consultant, it's significant to your success that you understand the services they are offering to you.

I have listed my consulting services for you below:

- Acute Traumatic Stress Management (ATSM) training
- CISM pre-education program design and presentation
- CISM Team design and establishment
- CISM Team support and continual education
- CISM pre-plan and program design
- Line of duty death (LODD) pre-plan and response program design
- **NEW! Terrorism, Weapons of Mass Destruction and the CISM response**
- **NEW! Motivating Emergency Responder wellness**
- **Programs flexible to your needs and budget**

**E PLURIBUS UNUM  
“OUT OF MANY, ONE.”**

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