THE CISM Perspective

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Too much, too soon

By Dan McGuire, BCETS, CATSM

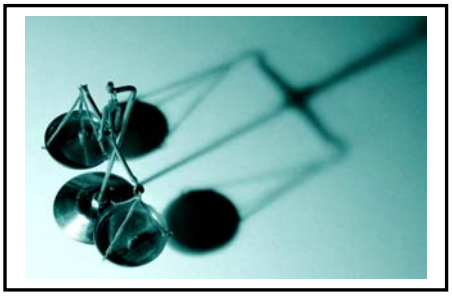
There have been ongoing deliberations among practitioners of critical incident stress management (CISM) and emergency services providers (ESP) about the appropriate levels of crisis intervention that are best for those exposed to a traumatic event (imprints of horror). These considerations apply to the workplace setting, ED staff, and the ESP in the streets.

In the very early days and even hours of the tragedies of September 11th, those exposed to the horrifying events experienced a need for mental health support and opportunities to "tell their story." At its most basic level, that support might consist of simply having someone **listen** to them and offer an empathic shoulder and ear. However, what happened was not always the correct combination of responses even with the best of intentions.

There are a few hard and fast rules of CISM that I teach and evangelize about. One of those is that CISM (defusing, debriefings, etc.) simply cannot be forced upon on any one person or group of people who is not ready yet

continued on page 2

INSIDE THIS ISSUE:



Teaching balance…….

Linking CISM with Disaster and Terrorism event management

By Dan McGuire, BCETS, CATSM

In January of this year, I had the opportunity to spend 4 days at a training workshop that discussed at length the importance of a closer linking of CISM services during a large scale event, disaster, or terrorism incident. The lessons learned from September 11th combined with our knowledge from previous disasters make clear that a definite gap exists when the responses to these types of events are planned for, executed and then reviewed for improvement opportunities.

There were 4 main themes the training provided: **#1** – The psychological impact on emergency responders (of ALL types) will be immense, even with the best pre-planning. Local resources will be taxed very quickly and your CISM mutual aid plan should be activated once an appropriate size-up by the CISM team leadership has been accomplished. Should you not have a mutual aid plan in place, one ought to be created **now**! **#2** - Education regarding the psychology, motivations, primary goals and tactics of terrorists must become part of CISM training for all teams now and in the future. These will directly affect the way CISM is implemented. **#3** – CISM leadership and the Incident Command System (ICS) must be firmly linked with regular updates and involvement in disaster, WMD, and terrorism, both in the pre-planning phases and in responses to these events. **#4 -** The ICISF-recognized debriefing model for use after large-scale disasters has changed. The steps are now: Introduction, Fact, Thought/Reaction, Emotional, Reframing, Teaching, Re-entry.

This workshop delivered a clear message that in the past, disaster/large event pre-planning has not always included the responders' stress reactions and how to mitigate the long-term effect of these stressors.

Any CISM team creating its own large event protocols needs to insure that those protocols parallel plans with the ICS. Linking both of these bodies in partnership is essential. And clear communication between each agency is vital for success.

Continued on pg. 3

Too much, too soon con't

for support. One other rule I preach is that CISM teams should **never** self-dispatch themselves to any event—regardless of the event—and try, even with the best intentions, to get those affected to talk about their feelings, reactions, and other responses to their experience before they are ready.

To quote from the five principles for reducing premature crisis intervention written by Dr. George Everly, cofounder of the International Critical Incident Stress Foundation: Crisis Intervention Principle **#1** – Mobilize a crisis intervention team to implement the most appropriate tactics in response to ***observable*** signs and symptoms. **#2** – Not all signs and symptoms of acute stress are indicators of a person in crisis. **#3** – Tailor the crisis intervention to the needs of the individuals. **#4** – Timing of the interventions are based on the ***readiness*** of the individuals rather than the passage of time. **#5** – Select the best crisis intervention strategies and tactics for the specific event, for the specific population exposed to the event, and use the best respective times in which to do these.

By looking at these five principles and combining them with your team's basic knowledge of the people you will be responding to, you can avoid the "too much – too soon" syndrome and be able to assist in the appropriate delivery of CISM based interventions.

We as CISM professionals must better understand the needs of the individuals we have been asked to assist. If that means doing some in-service training about CISM and how it **can** help, then do so. All too often, we as CISM providers are regarded by those we help, especially by the ESP's, as supplying necessary service—but only for those who are "weak" or "can't take it."

There is more work to be done to facilitate the deeper understanding of the work CISM can do to preserve and keep functional those involved in traumatic events. Quoting an old biblical story I remember from my early school days, we need to take the "lamp out from under the basket so the light can be seen." That light is the support and services any CISM team provides. A final reminder, too much too soon is only going to work against you. ±

How CISM Teams May Fail

In the last newsletter, I wrote about the need for proper team maintenance and how to keep your team strong and functional. While there are many capable CISM teams throughout the country and world, there are times when they may fail their intended goals and their interventions may also fail to work correctly.

Part of being a good team leader is knowing some of the top causes why CISM may fail and learning how to avoid falling prey to these common pitfalls. The capacity to avoid these failures should not rest solely on the shoulders of the team leader, but should also rely on the team's ability to raise issues, identify un-met needs, and discuss the resolution of these problems without degenerating into finger pointing.

Any CISM team must possess certain core components to both succeed and to prosper. These components must be understood and executed so that the team can provide a much-needed service to its community. Planning carefully, taking a step-by-step approach, and using your passion for helping others—along with the tools of CISM— should produce results, benefits and rewards for those involved.

Listed below are the top reasons why CISM and some teams end up failing to meet the needs of their audiences:

- Too much, too soon.
- Taking notes during a session.
- Too little or no follow-up after the intervention.
- Using untrained CISM members (Mitchell Model).
- Overuse of debriefings or defusings for 'minor' events.
- Failure to have the right types of peers or none at all.
- Failure to use a mental health professional during a debriefing.
- Team members telling too many 'war stories' during the session.
- Taking defusings/debriefings and turning them into psychotherapy.
- Team member(s) poorly skilled at good empathetic and sensitive statements or proper body language.
- Defusing/debriefing team not well prepared for the intervention, not arriving early enough to get final details and informally meet those involved with the incident.
- Using too many inexperienced debriefers (peer or mental health) in an intervention.

Every team's regular meeting agenda should include training in one or more of the above issues. If your team is not used often enough, even the most seasoned CISM provider become lax in their skills. Hence, regular training programs at each meeting can help avert these mistakes.

Take a look at your team and really do some careful analysis on how past sessions went and how fellow agencies perceive CISM. If you see any of the above issues, your next action ought to be a training session to correct these critical issues. After September 11th, CISM and the positive work it does was brought into the forefront of many emergency responders' and managers' minds. It's our duty to remain there by using the best practices we have and to maximize our tools to help those who request us. ±

CISM RELATED WEBSITES:

Check out the websites below for further information on CISM, books on CISM and other good stuff!

International Critical Incident Stress Foundation (ICISF) www.icisf.org

The American Academy of Experts in Traumatic Stress
www.aaets.org

CALENDAR OF EVENTS

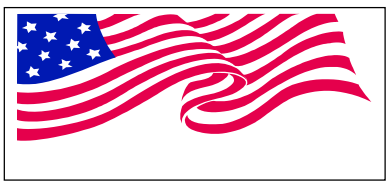
4TH ISSUE OF "THE CISM PERSPECTIVE"

PLACE? YOUR MAILBOX
TIME? APRIL 2002

ACUTE TRAUMATIC STRESS MANAGEMENT SEMINAR

PLACE? ROCHESTER, NY
TIME? MAY 2002
New CISM model of training for emergency responders, nurses, EAP and others. Details to follow.

Remembering those we all lost...



"Never give in, never give in, never, never, never, never – in nothing, great or small, large or petty, never give in except to convictions of honour and good sense."

Prime Minister Winston Churchill, October 29, 1941

One final recommendation that emerged from the workshop was to appoint one person on the CISM team to be the team's point person on terrorism, weapons of mass destruction, and the responses to them.

This person ought to be directed to continually monitor any updates on these responses and regularly bring that information to the team. As those updates become available, the team's pre-plan for large events will need updating and re-communicating. ±

I have some exciting news to share with each of you. That news is:

- ✓ **We can now offer our quarterly newsletter in an electronic form (pdf)**
- ✓ **Our area code has changed from 716 to 585.**

We can send the newsletter in its entirety to you via e-mail as a pdf file, which is easy to download to your computer. Either way, we aim to keep our reader's well informed about critical incident stress management, updates, book reviews and announcements of upcoming training and other programs. We enjoy publishing the newsletter and its ability to inform you on the very latest CISM information.

Please answer these 2 questions below in an e-mail to us @ cism79@hotmail.com, or even better, give us a call at 585-739-9011. 1) I prefer to get the newsletter via the regular mail or via my e-mail address. 2) I would like to see in your newsletter:

Only by your feedback, can we further meet your needs!

RECOMMENDED READING

NOTIFYING SURVIVORS ABOUT SUDDEN, UNEXPECTED DEATHS

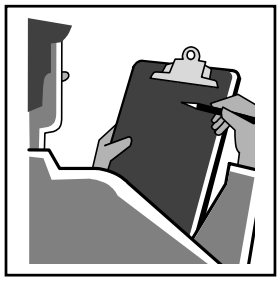
AUTHOR: KENNETH V. ISERSON. MD

PUBLISHED 1999

HELP DURING GRIEF

AUTHOR: J. Mark and Kathy Ammerman

PUBLISHED 1996



"Books are the quietest and most constant of friends; they are the most accessible and wisest of counselors, and the most patient of teachers"

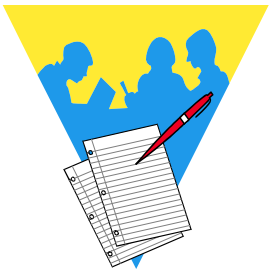
Charles W. Elliot, 1910

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
- Comprehensive CISM needs assessment
- CISM pre-education program design and presentation
- CISM Team design and establishment
- CISM Team support and continual education
- CISM educational programs
- CISM pre-plan and program design
- Line of duty death (LODD) pre-plan and response program design
- **Programs flexible to your needs and budget**



CISM Perspectives Daniel J. McGuire, BCETS, CATSM

1136 Genesee Park Blvd. Rochester, NY 14619-1502

New area code! 585-739-9011 E-mail: cism79@hotmail.com

ADDRESS CORRECTION REQUESTED