

CISM Pre-Planning defined

What it takes to be prepared

By Dan McGuire, BCETS

In my consulting business, I'm often asked how does a corporation, Emergency Services department or hospital plan for the effects of critical incident stress (CIS) and how do they know those plans are effective.

I see these as excellent concerns and ones that deserve careful planning in order to have a pre-plan in place that is well-thought out, easy to deploy, and able to be easily understood by all departmental management levels.

To start with, a pre-plan has to begin with the clear understanding that CIS is **real** and affects everyone. No matter if you are a Fortune 500 company or a rural ambulance corps, CIS is there and needs to be both recognized and planned for. Wherever you are, it is absolutely essential to get management buy-in at the very beginning stages of planning.

Recognizing the reality of CIS and fully realizing the risks it presents, allows you to be prepared for that risk. Companies and departments plan for disasters,

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New Emergency Responders tool! Acute Traumatic Stress Management (ATSM)

By Dan McGuire, BCETS

In the last newsletter, I gave a brief overview of the facts of critical incident stress (CIS) and how it affects those in the emergency services (EMS, Fire, Police, Nursing, Emergency Departments, etc.) both personally and professionally.

I would like to introduce to you a new model within the CISM 'tool box' - Acute Traumatic Stress Management (ATSM).

Historically, we as emergency services providers have been well trained to take care of our patients and those who we respond to during medical emergencies. We have been trained to many levels of care and intervention responsibilities are ours to take on.

Recently, due to the ground-breaking work of Mark Lerner, Ph.D., & Raymond Shelton, Ph.D., of the American Academy of Experts in Traumatic Stress (AAETS), there is a new and powerful tool for all emergency services providers (ESP's) to both learn and begin to fully utilize. This new tool, ATSM, is designed to address the emergent psychological needs of the patient or victim **during** traumatic events.

Looking at the traditional CISM response plans, they are driven towards the intervention for the ESP's **after** the traumatic event. These plans are designed to address the psychological needs of the ESP's after the traumatic events they have worked.

When we are working with a patient or victim during

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CISM pre-planning con't

employee illness, fires, floods, but so few plan for CIS and the traumatic after-effects it leaves behind.

Once this recognition stage is accomplished, you then need to develop a CIS awareness level of training and education. I see this is one of the most effective tools you can 'arm' your business or department with—to, in a sense, 'inoculate' your people against CIS.

1. Begin by talking about the basics of stress and how it affects the way we live, work and play. No one can avoid stress and we need to face it head-on. Everyone needs to recognize that stress is a natural, to-be-expected part of daily life and it's important to recognize when it gets out of balance.

2. Educate about the signs and symptoms of traumatic stress. These can include hyper-vigilance, avoidance of re-living the incident, changes in 'normal behaviors' (such as not being the outgoing type of person you normally are), changes in sleep patterns, changes in eating patterns, poor problem solving, anxiety, etc.

3. Speak to what is known as the '**imprints of horror**,' those visual impacts to one's senses of the actual event, the things that may have been seen, heard, smelled, and witnessed. These imprints need to be off-loaded and that is best done with the defusing/debriefing processes within the Mitchell Model methodology.

4. Teach that one of the leading causes of employee burnout, especially in the emergency services, is CIS.

It is my firm belief that if we can apply basic pre-educational techniques, we can better prepare those employees to what they may experience, how they may feel and how to best survive and take care of themselves after the critical incident. ‡

Educating about Circadian Rhythms

Over my many years of conducting CISM training classes, defusings and debriefings, I have discovered a piece of valuable information is often lacking for participants in these training sessions and interventions.

In my early psychology classes, we heard a great deal about human circadian rhythms and how they normally run their course in each of us as individuals. It's easy to understand how these personal cycles will most likely be different in each of us. From these classes, I gained an appreciation of the crucial ways that circadian rhythms can get out of their normal cycle during stressful or traumatic events and how that change directly affects the entire person.

Throughout the many interventions I have participated in, I have heard literally hundreds of times how the Emergency Services Responders' (ESP's) sleep and waking patterns and daily functional abilities are heavily impacted after a traumatic experience. These symptoms can also be the result of cumulative stress.

After hearing these comments for a several years, I have recently incorporated a section teaching a basic understanding of the individual's circadian rhythms and how to 're-set' them in both my CISM pre-educational programs and while doing post-event interventions.

Teaching these tactics helps to mitigate the symptoms ESP's describe currently experiencing. By comprehending what's actually behind the typical sleeplessness, feeling of constant exhaustion, etc., they now have a better base to work from and to better understand **why** they are feeling this way. Thus empowered, they can put further learning opportunities to work.

A major part of this lesson involves suggestions on how to 're-set' their circadian rhythms and how to manage them while under stress. I suggest as they approach their normal bedtime, to start gradually reducing the amount of ambient light levels at least 2 hours before going to sleep. It's important not to fight sleeplessness and, if they can't fall asleep in about 20-30 minutes, get out of bed to read, listen to soothing music, or try milk or apples which have natural enzymes in them that help trigger the sleep hormone, melatonin.

By adding these very basic circadian rhythm points into teachings and interventions, we can do a better job helping those under traumatic stress understand why they are feeling they way they are, how to best react to it, and how to get these basic rhythms back on their normal course. ‡

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

American Academy of Experts in Traumatic Stress (AAETS)

www.aaets.org

CALENDAR OF EVENTS

2ND ISSUE OF CISM PERSPECTIVES

PLACE? YOUR MAILBOX

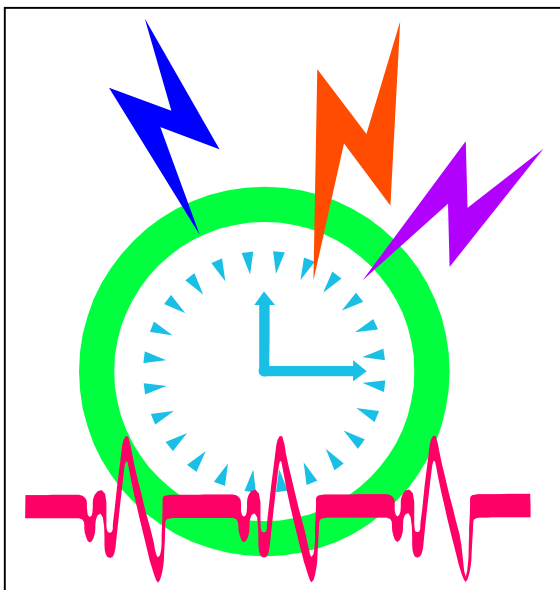
TIME? SEPTEMBER 2001

ACUTE TRAUMATIC STRESS MANAGEMENT SEMINAR

PLACE? ROCHESTER, NY (PROPOSED)

TIME? TBD

New CISM model of training for emergency responders, nurses and others. Details to follow.



If you know of any individual or organization that would benefit from receiving this quarterly newsletter, please pass this on to them or send me their address and I'll add them to my mailing list. **THANKS!**

ATSM con't continued from page 1

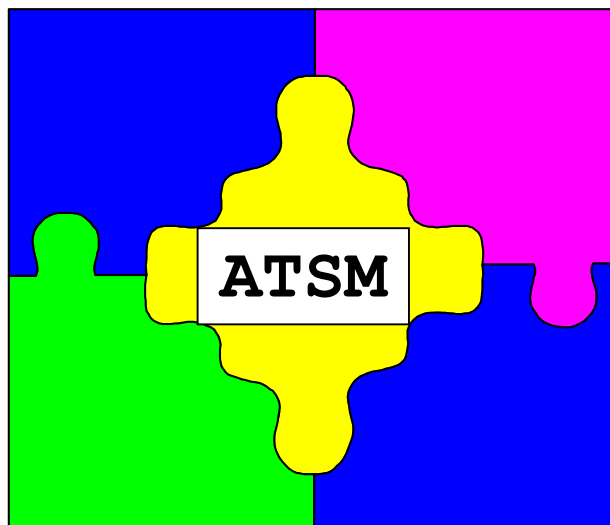
that traumatic event, we administer to their physical and medical needs, as we do the respective jobs our training has taught us.

Acute Traumatic Stress Management (**ATSM**) takes this typical response an entire step further and looks at the whole patient or victim, considering their physical, medical and **psychological** needs.

As quoted in the training manual for ATSM, "Acute Traumatic Stress Management is a pragmatic process that was developed for *all* emergency responders to address the emergent psychological needs of individuals who are exposed to traumatic events. The application of ATSM, along with traditional emergency medical intervention, offers a comprehensive response strategy to meet the needs of the 'whole person.'"

The ATSM model teaches and demonstrates effective 'tools' for the responders to use and allows for them to further connect and identify with their patient or victim.

Having completed this training and now being certified to instruct it, I strongly suggest that you look into this new and effective model to thoroughly examine when and where it can fit within your organization's response tactics. In addition, it offers new techniques for furthering patient care and increasing victim intervention effectiveness. ATSM truly puts the pieces of the CISM puzzle together, assuring that the other CISM tools interlock together nicely. ‡



RECOMMENDED READING

COP SHOCK

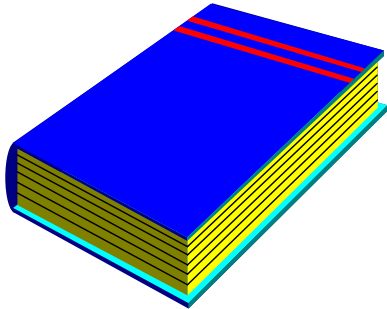
AUTHOR: ALLEN R. KATES

PUBLISHED SEPTEMBER 1999

CRITICAL INCIDENT STRESS & TRAUMA IN THE WORKPLACE

AUTHOR: Gerald W. Lewis Ph. D.

PUBLISHED 1994



“The work of an unknown good man is like a vein of water flowing hidden underground, secretly making the ground green.” Thomas Carlyle

CISM Perspectives

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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:

- Comprehensive CISM needs assessment
- CISM pre-education program design and presentation
- Acute Traumatic Stress Management (ATSM) training
- CISM educational programs
- CISM pre-plan and program design
- Line of duty death (LODD) pre-plan and response program design



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