



Critical Incident Stress Management

Dr Angelina Chan
Senior Consultant Psychiatrist

TRAUMA RECOVERY &
CORPORATE SOLUTIONS
CHANGI GENERAL HOSPITAL

www.traumarecovery.com.sg



Crisis Intervention

- Defined as the provision of **emergency psychological care** to victims to assist them in returning to an **adaptive level of functioning** & to **prevent or mitigate** the potential negative impact of psychological trauma

(Everly & Mitchell, 1999)

CRISIS INTERVENTION

- A short helping process
 - Acute intervention designed to mitigate the crisis response
 - Not psychotherapy nor counselling
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Crisis intervention targets the
RESPONSE, not the **EVENT**, per se.

Thus, crisis intervention and disaster
mental health interventions must be
predicated upon assessment of need.

EARLY PSYCHOLOGICAL INTERVENTION
SHOULD **NOT** BE USED SPECIFICALLY AS
A MEANS TO PREVENT PTSD;

RATHER, consider as a platform for **screening,**
reducing acute distress, fostering group
cohesion, providing info, anticipatory guidance

(Litz, et al., 2002, Clin Psychol; Everly & Langlieb, 2003, IJEMH; Arendt & Elklit, 2001, Acta Psyc Scand)



CRISIS INTERVENTION

Historical roots of current crisis intervention practices can be found in military psychiatry, community mental health, and suicide intervention initiatives.



ALFEST

Association de Langue Française pour l'Etude
du Stress et du Traumatisme



Essential Elements of a UN “Best Practices” Crisis & Stress Management Program

- Pre deployment education and information for operations personnel (verbal and printed information)
 - Executive, administrative, command briefings
 - Training of support personnel
 - Early Assessment skills (Expected vs. Unusual, disruptive or dangerous reactions)
 - Strategic planning
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Essential Elements of a UN “Best Practices” Crisis & Stress Management Program

- **Skills for immediate intervention under duress**
 - stabilization
 - mitigation
 - mobilization of resources
 - normalization
 - restoration of unit cohesion and unit performance,
 - relieve
 - shelter-in-place
 - “3 hots and a cot”
 - “quick wash,”
 - restoration to service
 - referral (forward deploy help or removal to the rear)
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Essential Elements of a UN “Best Practices” Crisis & Stress Management Program

- Skills for supporting individuals
- Suicide assessment, prevention, intervention, and recovery skills
- Skills for managing large groups
- Small group support skills
- Follow-up services (recheck, reassess, recognize, re-inform, reassure, rest, regroup, reassign, refer {if required})
- Family / significant other education and support



Essential Elements of a UN “Best Practices” Crisis & Stress Management Program

- Referral mechanisms
 - Cultural, religious, or ethnic acceptance, respect, and support
 - Post incident education and support to operations personnel
 - Reintegration programs
 - Family / significant other consultations
 - Community or organizational consultations
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7 Crisis Intervention Principles

- Simplicity
- Brevity
- Innovation
- Pragmatism
- Proximity
- Immediacy
- Expectancy

The crisis intervention strategy and the tactics to carry out that strategy should reflect these guiding principles

Critical Incident Stress Management (CISM) Overview





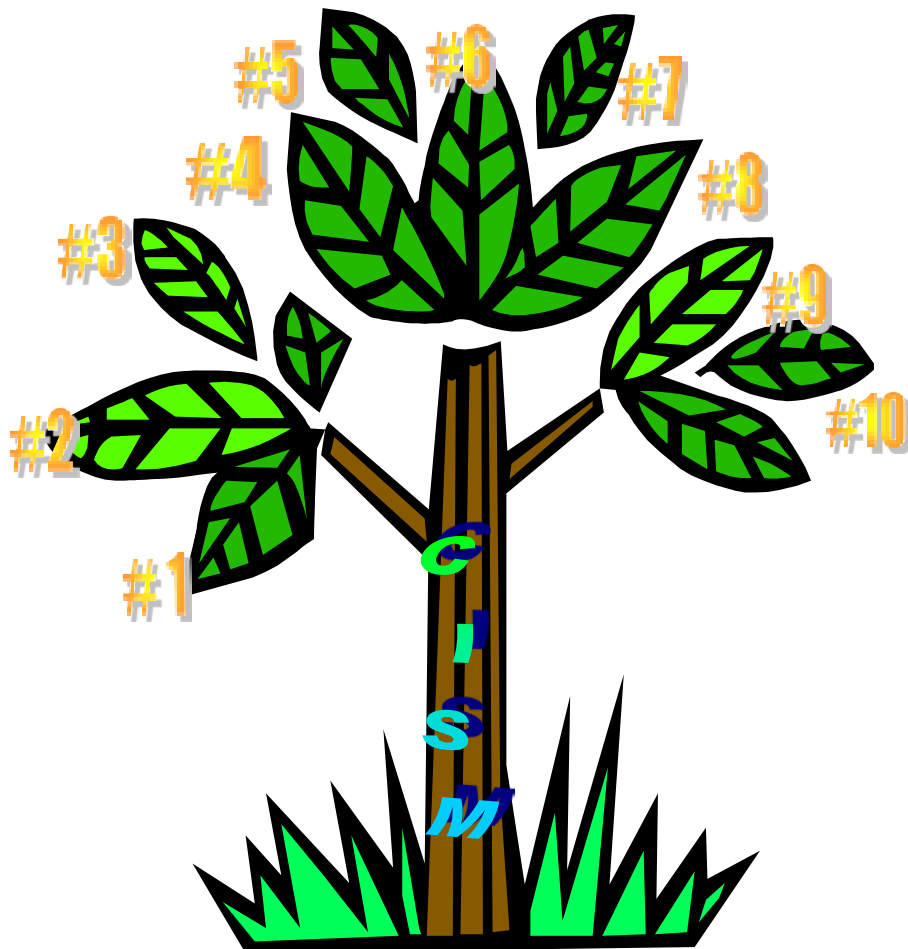
CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

(Everly & Mitchell, 1997, 1999; Everly & Langlieb, 2003)

A **C**omprehensive, **I**ntegrated,
Systematic and **M**ulti-component
approach to crisis intervention.

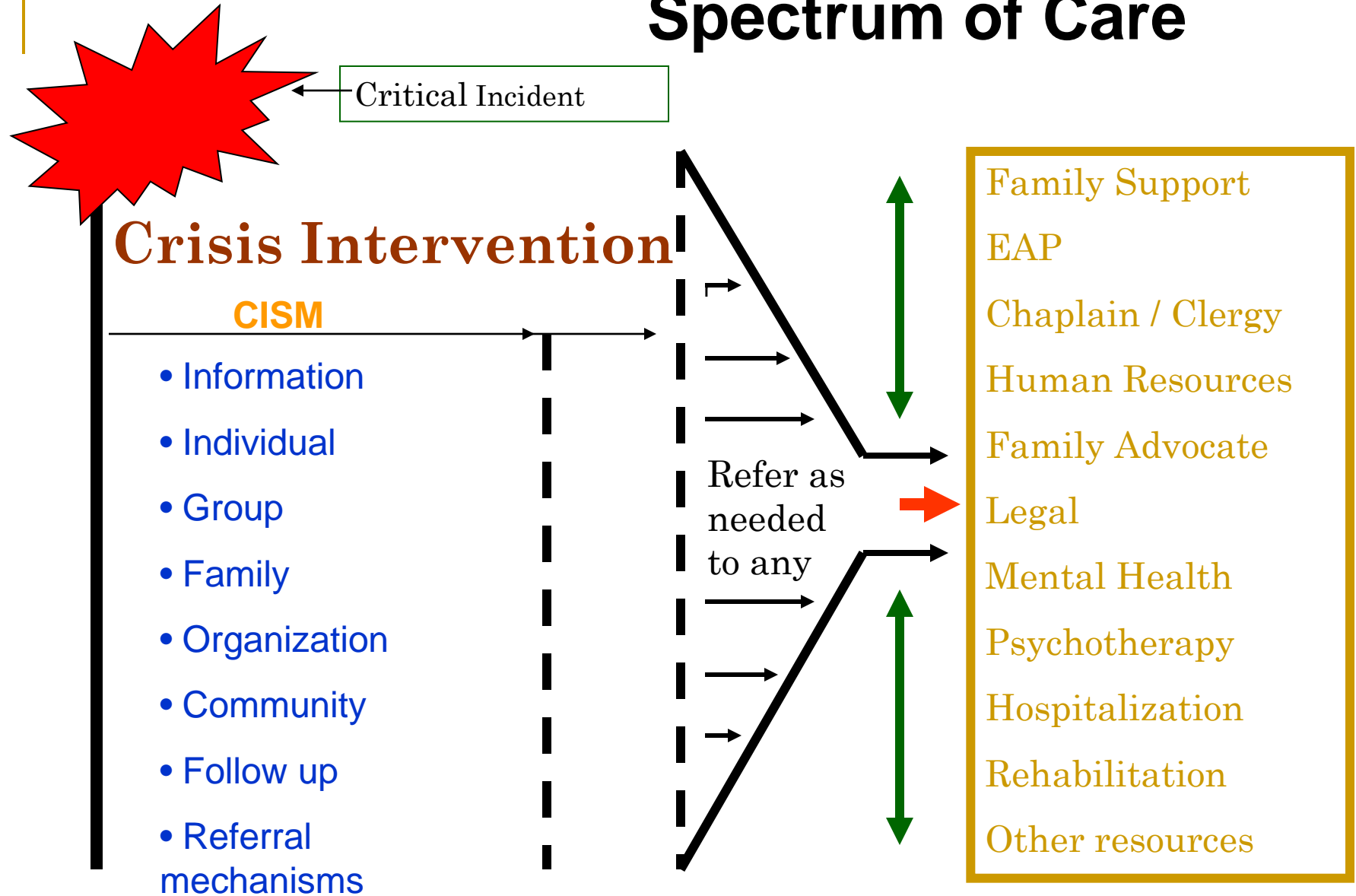
CISM is a strategic intervention system. It possesses numerous tactical interventions

A Comprehensive, Integrated, Systematic, Multi-component Crisis Intervention System (adapted from: Martha Starr)



1. Pre-crisis preparation
2. Assessment
3. Strategic planning
4. Large group crisis interventions
5. Small group crisis interventions
6. Individual crisis intervention (telephone; face-to-face)
7. Family crisis interventions
8. Community/organizational consultation
9. Pastoral crisis intervention
10. Follow-up/referral

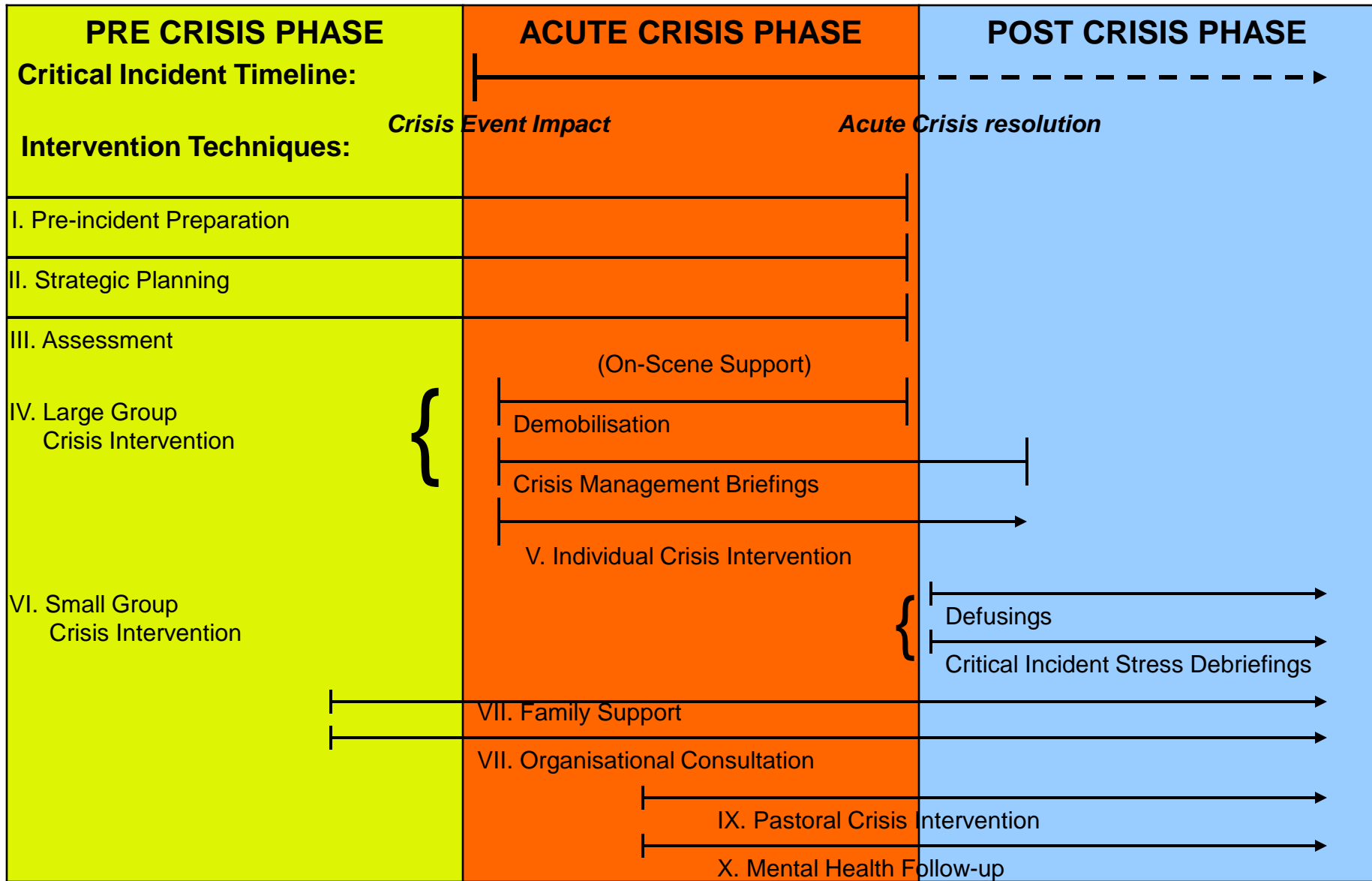
Spectrum of Care



The challenge in crisis intervention is not only in developing **TACTICAL** skills in the “core intervention competencies,” but is in knowing **WHEN** to best **STRATEGICALLY** employ the most appropriate **TYPE** of intervention for the situation.

CRITICAL INCIDENT STRESS MANAGEMENT INTERVENTION TIMELINE

(Used with permission, Everly and Mitchell, 1999)





INDIVIDUAL CRISIS INTERVENTION PEER SUPPORT

The provision of crisis intervention services by those other than mental health clinicians and directed toward individuals of similar key characteristics as those of the providers, e.g. emergency services peer support, student peer support, etc.

LARGE GROUP CRISIS INTERVENTION

- Demobilization
- Crisis Management Briefings



DEMOBILIZATION

(Rest, Information & Transition Session or RITS)

Usually, a one time (end of shift; end of deployment), large - group information process for emergency services, military or other operations staff who have been exposed to a significant traumatic event such as a disaster or terrorist event.



CRISIS MANAGEMENT BRIEFINGS

Structured large group community / organizational **“town meetings”** designed to provide information about the incident, control rumors, educate about symptoms of distress, inform about basic stress management, and identify resources available for continued support, if desired. May be especially useful in response to community violence / terrorism. **May have small group applications under certain conditions.**
(Everly, IJEMH, 2000)



SMALL GROUP CRISIS INTERVENTION

- More efficient than large group for a discussion of a traumatic event.
 - As group psychotherapy is to individual psychotherapy, small group crisis intervention is to individual crisis intervention.
 - ❑ Defusing
 - ❑ Debriefing
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LESSONS LEARNED FROM COMMUNITY MENTAL HEALTH

- Early Psychological Intervention may reduce the need for more intensive psy services. (Langsley, Machotka, & Flomenhaft, 1971, Am J Psyc; Decker, & Stubblebine, 1972, Am J Psych)
 - Early Psychological Intervention may mitigate acute distress . (Bordow & Porritt, 1979, Soc Sci & Med; Bunn & Clarke, 1979, Br. J Med. Psychol; Campfield & Hills, 2001, JTS; Flannery & Everly, 2004, Aggression & Violent Beh.)
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“There is now emerging evidence that prompt delivery of brief, acute phase services in the first weeks after an event can lead to sustained reduction in morbidity years later, reducing the burden of secondary functional impairment, . . . and costs to both the individual and the public” (p. 15).

Schreiber, M. (Summer, 2005). PsySTART rapid mental health triage and incident command system. *The Dialogue: A Quarterly Technical Assistance Bulletin on Disaster Behavioral Health*, 14 - 15.
