Critical Incident Response
An Overview

Steven S Garnham, M.Ed.
LEAP, LAP-C, MAC, CECR, CTR
Crisis happens more than we imagine.

They are not always easy to see unless they affect our own lives.
What is Crisis?

A crisis is anything that has the potential to significantly impact an individual’s or an organization’s ability to cope.
- Crisis is any event that is expected to lead to an unstable and dangerous situation affecting an individual, group, community or whole society.

- It is a situation that is unpredictable, but it may not be unexpected.
What is Crisis?

- an emotionally charged significant event or radical change
- an unstable or crucial time of affairs in which a decisive change is impending
- a situation with the distinct possibility of a highly desirable outcome
- a situation that has reached a critical phase
What is Crisis Management?

• The overall coordination of response to a crisis, in an effective, timely manner, with the goal of avoiding or minimizing damage to the individuals’s functioning or the organization's profitability, reputation, or ability to operate.
Crisis management involves identifying a crisis, planning a response to the crisis and confronting and resolving the crisis. We borrow principles from the field of disaster management.
Sequence of Crisis Management

» Mitigation/Prevention
» Preparedness
» Response
» Recovery
The goal of mitigation is to decrease the need for response as opposed to simply increasing response capability.

Review incident data.

Determine major problems

Assess how to address these problems.

Conduct an assessment to determine how these problems—as well as others—may impact your vulnerability to certain crises.
Preparedness

Good planning will facilitate a rapid, coordinated, effective response when a crisis occurs.

Determine what crisis plans exist

Identify all stakeholders involved in crisis planning.
Response

- A crisis is the time to follow the crisis plan and make use of your preparations.
- Determine if a crisis is occurring.
- Identify the type of crisis that is occurring and determine the appropriate response.
- Activate the incident management system.
What is your responsibility?
- Act and react
- Perform as you were trained
- Accept help and relinquish command and control when professional help arrives
Recovery

- During recovery, return to normalcy and restore the infrastructure as quickly as possible.
- Restore the physical plant
- Assess for the emotional impact of the crisis.
- Identify what follow up interventions are available to those who need them
- Conduct interventions
- Allocate appropriate time for recovery.
- Plan how anniversaries of events will be commemorated.
- Capture "lessons learned" and incorporate them into revisions and trainings.
Rationale/Need for Recovery Services

- Physical changes
- Emotional changes
- Cognitive changes
- Behavioral changes
- Spiritual changes
Symptoms of Traumatic Stress

- Physical
- Emotional
- Behavioral
- Cognitive
- Spiritual
Physical Stress Symptoms

» Digestive Problems
» Headaches
» Exhaustion
» Sleeplessness
» High Blood Pressure
» Sexual Difficulties
» Back Problems
» Grinding Teeth
Emotional Stress Symptoms

» Urge to Cry
» Defensive/ Angry/ Hostile
» Being abrupt/ Snapping at People/Tense
» Helplessness/Confusion/Unable to concentrate
» Sad/Down in the Dumps
» Feeling Overwhelmed
Behavioral Stress Symptoms

» Cigarette Smoking/Drug/Alcohol Abuse
» Impulsive Behavior
» Over-eating / Under-eating
» Isolation/Reclusive
» Accident Prone
» Cynical / Fault finding / Inflexible / Nagging
» Lowered Sex Drive
» Decline in Work Effectiveness
Cognitive Stress Symptoms

» Blaming Someone
» Confusion / Poor attention
» Memory problems
» Heightened or lowered Alertness
» Poor Concentration / Poor Abstract thinking
» Difficulty identifying familiar objects or People
» Poor Problem Solving / Poor Decisions
Spiritual Stress Symptoms

» Difficulty expressing love
» Lack of joy
» No peace
» No patience
» Less kind and good
» Less gentleness
» Lack of self control
Psychological Crisis

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

1. Psychological homeostasis (balance) is disrupted (increased stress)
2. One’s usual coping mechanisms have failed
3. There is evidence of significant distress, impairment, dysfunction
CRISIS INTERVENTION

- A short-term helping process.
- Acute intervention designed to stabilize and mitigate the crisis response.
- Not psychotherapy.
CRISIS INTERVENTION

Goals: To foster natural resiliency through…

1. Stabilization

2. Symptom Mitigation

3. Return to adaptive functioning,

OR

4. Facilitation of access to continued care
The SAFER-Revised (Everly, 1996)

- Stabilize (introduction; meet basic needs; mitigate acute stressors)
- Acknowledge the crisis (event, reactions)
- Facilitate understanding (normalization)
- Encourage effective coping (mechanisms of action)
- Recovery or Referral (facilitate access to continued care)
Crisis intervention targets the RESPONSE, not the EVENT, per se.

Thus, crisis intervention interventions must be predicated upon assessment of need.
Crisis Intervention
CRISIS INTERVENTION

Historical roots of current crisis intervention practices can be found in military psychiatry, community mental health, and suicide intervention initiatives.
Foundations of Military “Crisis Intervention”

• WWI – 1916, *Postes de chirurgie d’urgence*, 66% returned to combat after 7 days treatment

• WWI – 1917, 1919, Thomas SLA Marshall describes *immediacy & proximity*, i.e., “treatment within the sound of artillery”
Military foundations for crisis intervention have evolved since 1919:

- **PROXIMITY** – outreach

- **IMMEDIACY** – as quickly as possible after some indication of need

- **EXPECTANCY** – behavioral reactions are viewed as “adjustment reactions” as opposed to evidence of pathology
And later added:

- Brevity

- Simplicity
  *(keep it short and simple)*
P-I-E at Work

- ARTISS (Military Medicine, 1963) Regarding war neurosis, removal of the soldier from the front “returned only five percent of such casualties to duty” (p. 1011).

- The treatment principles of proximity, immediacy, & expectancy were later applied and resulted in 70 to 80 percent of combat psychiatric casualties returning to duty.
Recent recommendations for early intervention include the use of a variety of interventions matched to the needs of the situation and the recipient populations.

(Mental Health & Mass Violence, 2002; IOM, 2003)
The Johns Hopkins’
RESISTANCE, RESILIENCE, RECOVERY
An outcome-driven continuum of care

Create Resistance  Enhance Resiliency  Speed Recovery

• *Resistance* may be thought of as a form of psychological/behavioral *immunity* to distress and dysfunction.

Resistance may be best built via pre-incident/ pre-deployment training.

• The term *resilience* refers to the ability to *rapidly and effectively rebound* from psychological and/or behavioral perturbations associated with critical incidents, terrorism, and even mass disasters.

It is likely that early psychological intervention is best thought of as a means of enhancing resiliency.
The term recovery refers to the ability to literally recover the ability to adaptively function, both psychologically and behaviorally, in the wake of a significant clinical distress, impairment, or dysfunction subsequent to critical incidents, terrorism, and even mass disasters.

Treatment and rehabilitation programs are most likely the interventions of choice to speed recovery.
One approach, that has been frequently used, to integrate such an array of crisis/disaster mental health interventions across a continuum of need is Critical Incident Stress Management formulated by Jeffrey Mitchell in the 1980s and expanded upon by Everly and others (CISM; Everly & Mitchell, 1999).
A comprehensive, phase sensitive, and integrated, multi-component approach to crisis/disaster intervention.
6 CORE ELEMENTS OF CISM

- Strategic Planning
- Informational Groups
- Interactive Groups
- Individual/PFA
- Resilience
- Assessment/Triage
Core Competencies of Comprehensive Crisis Intervention

- Assessment/triage of benign vs. malignant symptoms
- Strategic planning and utilizing an integrated multi-component crisis intervention system
- One-on-one crisis intervention
- Small group crisis intervention
- Large group crisis intervention
- Follow-up and referral
1. Assessment and Psychological Triage, including initial surveillance

2. Individual Crisis Intervention: Assisting Individuals in Crisis via Psychological First Aid (Everly, 2013)
   - Psychological alignment
   - Active listening
   - SAFER-R model
   - Follow-up and/or Referral
3. Informational Group Crisis Interventions (Mitchell, 2008):
• RITS (REST-INFORMATION-TRANSITION services; psychological decompression for large groups of rescue/recovery personnel)
• Crisis Management Briefings (CMB): Can be done in large or small groups

4. Interactional Group Crisis Intervention (Mitchell & Everly, 1993; Mitchell, 2008):
• Defusings (small groups)
• Critical Incident Stress Debriefing (CISD)
5. Strategic Planning: Choosing the most appropriate interventions (Everly & Mitchell, 2008; Mitchell, 2008)

6. Fostering Personal and Community Resilience
   - Organizational resilience building (IOM, 2013; Everly, Strouse, & Everly, 2010)
   - Community resilience building
   - Family crisis intervention and resilience (Everly, 2009)
   - Pastoral crisis intervention (Everly, 2007)
The challenge in crisis intervention is not only developing **TACTICAL** skills in the “core intervention competencies,” but is in knowing **WHEN** to best **STRATEGICALLY** employ the most appropriate intervention for the situation.
Steps in Crisis Intervention

8 steps of CI, Albert Roberts, Ph.D.

» Introduction

» Assess the situation and the impact on the people involved

» Mentally list all the options

» Choose the best option

» Implement the option immediately
» Reassess the people involved
» Maintain, change, or abandon the option
» Closure of the intervention

*Note: if the person is suicidal, a referral to the next level of care is required.*
Psychological First Aid
PFA

Psychological first aid (PFA) is a technique designed to reduce the occurrence of post-traumatic stress disorder. It was developed by the National Center for Post Traumatic Stress Disorder (NC-PTSD), a section of the United States Department of Veterans Affairs, in 2006.
Basic Objectives of PFA

» Establish a human connection in a non-intrusive, compassionate manner.

» Enhance immediate & ongoing safety and provide physical & emotional comfort.

» Calm & orient emotionally overwhelmed or distraught survivors.

» Offer practical assistance & information to address immediate needs/concerns.
Overview of Core Actions

Basic objectives of providing early assistance within days or weeks following an event.

Providers should be flexible, and base the amount of time spent on each core action on the survivors’ specific needs and concerns.
PFA Core Actions

1. Contact and Engagement – GOAL:
   To respond to contact initiated by survivors, or initiate contacts in a non-intrusive, compassionate manner.

6/15/2017
2. Safety and Comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.
3. Stabilization (if needed)

Goal: To calm and orient emotionally overwhelmed or disoriented survivors.

(Possibly need Mental health triage).
4. Information Gathering

Current Needs and Concerns

Goal: Identify immediate needs/concerns, gather additional information; tailor PFA interventions.
5. Practical Assistance

Goal: To offer practical help to survivors in addressing immediate needs and concerns.
6. Connection with Social Supports

Goal: To help establish brief and/or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.
7. Information on Coping

Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
8. Linkage with Collaborative Services

Goal: Link survivors with available services needed at the time or in the future.
Goals of Psychological First Aid

- Psychological first aid (PFA) promotes and sustains an environment of:
  - Safety
  - Calm
  - Connectedness
  - Self-efficacy
  - Hope
Psychological First Aid

• Promote SAFETY:

  • Help people meet basic needs for food and shelter, & obtain medical attention.

  • Provide repeated, simple and accurate information on how to get these basic needs met.
Psychological First Aid

• **Promote CALM:**
  
  • Listen to people who wish to share their stories and emotions, & remember that there is no right or wrong way to feel.
  
  • Be friendly & compassionate even if people are being difficult.
  
  • Offer accurate information about the disaster or trauma, and the relief efforts underway to help victims understand the situation.
Psychological First Aid

• **Promote CONNECTEDNESS:**

  • Help people contact friends and loved ones.

  • Keep families together. Keep children with parents or other close relatives whenever possible.
Psychological First Aid

• **Promote SELF-EFFICACY:**
  
  • Give practical suggestions that steer people toward helping themselves.

  • Engage people in meeting their own needs.
Psychological First Aid

• **Promote HELP:**

  • Find out the types and locations of government & non-government services and direct people to those services that are available.

  • When they express fear or worry, remind people (if you know) that more help and services are on the way.
Stress First Aid
What Is Stress First Aid (SFA)?

- A practical tool within a workplace peer program
- A flexible framework that gives guidance on how to quickly assess and respond to stress reactions
- A way to preserve well-being, prevent further harm, and promote recovery
SFA

» Originally developed as COSFA – Combat and Operational Stress First Aid by US Navy, Bureau of Medicine and Surgery, in cooperation with:

– Combat and Operational Stress Control, Manpower & Reserve Affairs, Headquarters Marine Corps
– Navy Operational Stress Control, Chief of Naval Personnel, Total Force N1
– National Center for PTSD, Department of Veterans Affairs
Based on the COSFA model, Stress First Aid (SFA) was designed specifically in conjunction with the NFFF to support firefighters and rescue personnel. The goal of Stress First Aid is to restore health and readiness after a stress reaction.
Stress First Aid is a toolkit that emphasizes the importance of continuously monitoring the stress of fire and rescue personnel and to quickly recognize and appropriately help individuals who are reacting to stress and are in need of interventions to promote healing.
How SFA was Developed: Factors in Resilience

» Connections
» Looking beyond
» Accepting
» Focusing
» Realistic goals
» Taking decisive actions
» Looking to learn
» Developing confidence

- Taking a broader perspective
- Optimistic outlook
- Relaxing activities
- Individualized coping
- Flexibility and balance
Evidence to Support SFA

Five Essential Elements of Immediate/Mid-Term Intervention:

1. Promote sense of safety
2. Promote calming
3. Promote connectedness
4. Promote sense of self and collective efficacy
5. Promote hope
### Stress Continuum Model

<table>
<thead>
<tr>
<th>READY (Green)</th>
<th>REACTING (Yellow)</th>
<th>INJURED (Orange)</th>
<th>ILL (Red)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Optimal functioning</td>
<td>• Mild and transient distress or impairment</td>
<td>• More severe and persistent distress or impairment</td>
<td>• Clinical mental disorder</td>
</tr>
<tr>
<td>• Adaptive growth</td>
<td>• Always goes away</td>
<td>• Leaves a scar</td>
<td>• Unhealed stress injury causing life impairment</td>
</tr>
<tr>
<td>• Wellness</td>
<td>• Low risk</td>
<td>• Higher risk</td>
<td></td>
</tr>
<tr>
<td><strong>FEATUES</strong></td>
<td><strong>CAUSES</strong></td>
<td><strong>CAUSES</strong></td>
<td><strong>CAUSES</strong></td>
</tr>
<tr>
<td>• At one’s best</td>
<td>• Any stressor</td>
<td>• Life threat</td>
<td>• Life threat</td>
</tr>
<tr>
<td>• Well-trained and prepared</td>
<td></td>
<td>• Loss</td>
<td>• Loss</td>
</tr>
<tr>
<td>• In control</td>
<td>• Feeling irritable, anxious or down</td>
<td>• Moral injury</td>
<td>• Moral injury</td>
</tr>
<tr>
<td>• Physically, mentally and spiritually fit</td>
<td>• Loss of motivation</td>
<td>• Wear and tear</td>
<td>• Wear and tear</td>
</tr>
<tr>
<td>• Mission-focused</td>
<td>• Loss of focus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Motivated</td>
<td>• Difficulty sleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Calm and steady</td>
<td>• Muscle tension or other physical changes</td>
<td>• Loss of control</td>
<td></td>
</tr>
<tr>
<td>• Having fun</td>
<td>• Not having fun</td>
<td>• Panic, rage or depression</td>
<td></td>
</tr>
<tr>
<td>• Behaving ethically</td>
<td></td>
<td>• No longer feeling like normal self</td>
<td></td>
</tr>
</tbody>
</table>

**FEATURES**

- Symptoms persist and worsen over time
- Severe distress or social or occupational impairment

**TYPES**

- PTSD
- Depression
- Anxiety
- Substance abuse

**6/15/2017**
Many Causes vs Only Four: Yellow Zone Reactions vs Orange Zone Injuries

TIME
- Lack of sleep
- Relationship problems
- Physical injuries

Politics
- Advancement Barriers
- Money problems

Family separation
- Boredom
- Peer conflicts

Role Challenges
- Conflicts with bosses

Family Role Demands

Extra Duties

Yellow Zone Stress

Life threat
- Loss
- Inner Conflict

Wear-and-tear

Orange Zone Stress

6/15/2017
STRESS FIRST AID MODEL

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen

2. COORDINATE
   Get help, refer as needed

3. COVER
   Get to safety ASAP

4. CALM
   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem and hope
People need to be brought to a relatively more safe place, and reduce their sense of threat in order to reduce:

– Biological aspects of traumatic stress reactions
– Negative thoughts and beliefs that inhibit recovery
Calm

Calming actions are an important part of recovery following intensely stressful situations. They reduce reactions which can:

- Interfere with sleep, eating, hydration, decision making, and performance of life tasks
- Lead to panic attacks, dissociation, PTSD, depression, anxiety, and somatic problems, if prolonged
Connect

» Lack of social connections (i.e., loneliness and emotional distancing) is a risk factor in the onset of PTSD.

» Negative social support is related to poorer recovery from severe stress.

» Positive social support is related to better emotional well-being and recovery following severe stress.
Competence

The sense that one can cope with both adverse events and one’s own reactions has been found to be beneficial in recovery from traumatic stress.

- A sense of competence has a buffering effect on exposure to adverse events.
Confidence

Those who are likely to have more favorable outcomes after traumatic stress maintain:

- Optimism
- Positive expectancy
- A feeling of confidence that life and self are predictable
- Other hopeful beliefs
Recognize Stress Zone Transitions

Green “Ready”
- Healthy
- Well
- Fit
- Safe
- Connected
- Capable
- Confident

Yellow “Reactions”
- Drained
- Sore
- Irritable
- Anxious
- Down

Orange “Severe Reactions”
- Hurt
- Out of control
- Symptomatic
- Distressed
- Dysfunctional

Red “Illness”
- Clinically symptomatic
- Impaired
- Worsening
- Disordered

Cumulative stress without sufficient resources

Routine Stressors → Resilience → Toxic Stressors → Recovery

6/15/2017
Stress Risk Factors

Life-Threat

Loss

Personal Turmoil

Wear & Tear
Functions of Stress First Aid

SFA is designed to:

- Reduce the risk for stress reactions
- Continuously monitor stress levels
- Recognize quickly those who are reacting to a wide range of stressors
- Offer a spectrum of interventions
- Monitor progress of recovery
- Bridge individuals to higher levels of care when needed
» Amtrak EAP met with Dr. Patricia Watson and developed an industry specific model for the railroad incorporating previous peer based programs already in place and retooled the Critical Assistance for Rail Employees (CARE) Program to adapt the new paradigm
WRAP-UP

DISCUSSION

QUESTIONS