

Brief description

Critical Incident Stress Management CISM

Measures for acute crisis intervention and the prevention of post-traumatic stress disorders

Introduction:

Disasters and occurrences which cause devastating damage always result in intensive media coverage and extended public discussions. The high-speed train accident in Eschede, Germany, the avalanche incident in Galthür, Austria, the Concorde aircraft crash in Paris, the accident of the funicular train in Kaprun, Austria, and, above all, the terrorist attacks in the United States are examples of such long-term discussions in the media. Apart from reporting on the extent of the disaster and its victims and causes, the public has also increasingly focussed its attention on helpers, members of rescue teams and other emergency service personnel. Discussing the consequences of such missions on the personal emotions of members of rescue teams and the question of how to cope with such situations have increasingly gained importance. This topic has also been discussed within rescue organisations and, thanks to such discussions, the self-image of these professional groups has changed. The discussions revealed that it would be necessary to implement a special "method of treatment" for members of these professional groups. This method should be efficient and, at the same time, different from measures which are usually taken in psychotherapy. One of the methods which fulfils these criteria and has been introduced in several organisations is called Critical Incident Stress Management (CISM).

Critical incidents:

In general, we can assume that members of certain professional groups such as rescue services, fire fighters, members of the police and the armed forces, pilots and air traffic controllers are, due to their training, experience and personality, better prepared to cope with unusual situations than others who are not members of these professional groups. However, there are occurrences which even reach beyond the *normal*, in other words, *extended* scope of experience of members of these professional groups. Such occurrences may hence entail a considerable traumatising potential.

In most cases, the individual coping strategies do not suffice to fully cope with these critical incidents. It seems impossible for the person affected to re-assess the situation and he/she cannot rely on his/her previous experience in order to be able to cope with the situation. The incident results in critical incident stress reactions which do not match the person's previous experience. These reactions are usually more intensive and last for a longer period of time.

In this context, the following different incidents may be regarded as critical incidents:

- Disasters and occurrences which cause devastating damage
- Severe accidents
- Occurrences which result in many casualties
- Casualties of children, relatives, colleagues
- Destruction of one's own personal environment
- Criminal offences, assaults or threats
- Personally experienced violence

Definition of critical incidents

A critical incident is any situation faced by a person that causes him or her to experience unusually strong emotional reactions.

In this context, it is important to point out that the reaction towards a critical incident does not only depend on the incident as such but also on the personal physical and mental condition of the person affected. An *unusual* reaction may additionally confuse the person affected because he/she is not familiar with these reactions and he/she is not able to apply the necessary coping strategies. His/her professional self-image and personal system of values are turned upside down.

However, not all critical incidents are necessarily traumatising. This depends on different cause-and-effect relationships, the personal situation of the person affected (i.e. from a physical, mental and social point of view) and his/her individual assessment of the situation.

We can assume that a critical incident may be traumatising if one or several of the following criteria are met:

- Feeling of helplessness / powerlessness
- Feeling of personal guilt
- Massive personal dismay
- High degree of identification
- Intensity of the incident
- Threat to life and health

As a consequence, critical incident stress reactions may occur at different levels and ultimately result in post-traumatic stress disorder (PTSD).

Critical incident stress reactions exist at the following levels:

Psychological level
Cognitive level
Emotional level
Behavioural level

These reactions are normal human reactions to an abnormal event.

The course of critical incident stress reactions

The course of critical incident stress reactions can be divided into three phases:

1. Acute stress reaction

- During the incident and up to 24 hours after the incident
- Massive stress reactions / stress symptoms
- Individual coping strategies should become effective

2. Acute stress disorder

- Between 24 hours and 4 weeks after the incident
- Massive stress reactions or stress symptoms continue to exist or re-occur on a regular basis with constant intensity
- Individual coping strategies remain ineffective

3. Chronic stress disorder

- More than 4 weeks after the incident
- Massive stress reactions or stress symptoms continue to exist (frequently or sporadically) with constant intensity
- Individual coping strategies remain ineffective
- Delayed onset of stress reactions is possible

Experience proves that 15% of the persons affected suffer from post-traumatic stress disorder (PTSD) if no intervention takes place. PTSD is characterised by two interdependent factors: mental hypersensitivity and neurological hypersensitivity. PTSD causes the persons affected to repeatedly experience the traumatic incident. This recurring experience is prompted by external stimulation (a certain smell or sound or situation or mood which reminds the person affected of the incident) or inner processes (dreams). The person affected is not able to gain control over the recurring experience.

It results in long-term disorders concerning memory, interests and emotions. If the worst comes to the worst, cerebral changes may occur or the person may no longer be able to perform his/her job.

Critical Incident Stress Management (CISM)

Based on the experience gained and in order to prevent PTSD, Professor Jeffrey T. Mitchell developed the Critical Incident Stress Management (CISM) programme. CISM is an integrated method which consists of several steps and helps the persons affected cope with their critical incident stress reactions thanks to direct and acute intervention. In this way, it is possible to prevent consequential disorders. CISM methods are secondary preventive measures (with the exception of item 1, see below) which consist of discussions about the incidents in the form of structured individual and group discussions and help the persons affected regain their ability to apply coping strategies. Most of the time, these discussions are performed by colleagues who have qualified in CISM programmes (the so-called peers) or mental health professionals (MHP) who are qualified CISM experts.

None of the CISM techniques can be regarded as therapeutic measures.

CISM comprises the following measures:

1. Preventive teaching and training measures

- Training courses for managers, members of staff, colleagues and relatives of the above-mentioned professional groups or organisations;
- Different modules, depending on the individual target groups.

2. Individual crisis intervention

- Structured (individual) discussions with qualified peers or MHP on site or immediately after the incident or mission.

3. Critical Incident Stress Defusing

- Structured discussions in groups performed by peers or MHP up to 24 hours after the incident or mission.

4. Critical Incident Stress Debriefing

- Structured discussions in groups performed by MHP between 72 hours and 4 weeks after the incident/mission.

5. Demobilisation

- Briefings in large groups performed immediately after the incident/mission; these briefings serve the purpose of providing information about critical

incident stress reactions and their consequences and about available support.

6. Support by the family/organisation

- Counselling and/or training for relatives and organisations of particularly affected professional groups. Counselling for relatives/organisations after a critical incident has occurred.

7. Follow-up

- If required, the persons affected may be referred to experts, doctors or therapists for further measures (therapy).

Objectives to be achieved by applying CISM measures:

- Reducing critical incident stress reactions as quickly as possible
- "Normalisation" of the unusual experience and reaction
- Reactivating the cognitive functions and processes affected by the incident
- Regaining the ability to work as soon as possible

Studies prove that whenever CISM measures are implemented, it is easier for the persons affected to cope with this experience and to quickly reassume their tasks. In addition, it is possible to avoid consequential disorders and save the organisations further costs.

The following organisations have implemented CISM programmes:

- German Bundeswehr
- DFS Deutsche Flugsicherung GmbH
- Lufthansa
- Frankfurt Airport Fire Department
- Police units of different German *Länder*
- Malteser Hilfsdienst (Order of Malta Volunteers relief organisation)
- Other rescue services and fire fighters

Scope of service concerning lectures and training courses

Lecture: Critical Incident Stress Management (CISM)

History and background of the CISM model
The CISM model
Experience gained with CISM

Duration: 2 hours

Target group: All persons interested in the topic

Extended lecture for experts

Medical aspects of CISM
Effects of structured discussions as acute crisis intervention
Crisis intervention vs. psychotherapy

Duration: 4 hours

Target group: Experts / managers

Lecture: CISM as a crisis intervention model to be applied in the wake of a disaster

The CISM model
Effects of CISM
Ways of treating the persons affected
Primarily, secondarily and tertiary affected persons
Integration of CISM in contingency plans

Duration: 4 hours

Target group: Civil protection officials, mayors, municipal councillors, policemen/policewomen, fire fighters

Trainings: CISM Basic Course/Peer Training

The course includes the standards on peer qualification set by the International Critical Incident Stress Foundation (ICISF) and is completed by acquiring the ICISF certificate.
A course schedule may be submitted upon request.

Duration: 3 days

Target group: Members of all professional groups/peer training

Intensive CISM

Background and characteristics/functions of CISM
SAFER model as acute crisis intervention
Debriefings and demobilisation as preventive measures

Duration: 1.5 days

Target group: Civil protection officials, safety experts, executives of fire departments and rescue services, police executives

Lecturer: Jörg Leonhardt

Family counselling expert
Senior consultant in the Safety Management department of DFS
Deutsche Flugsicherung GmbH
ICISF certified trainer for CISM courses

Mr Leonhardt has vast and specific experience concerning CISM and is experienced in the introduction of CISM and the implementation of CISM structures in organisations.