

### BEING PREPARED FOR A CRITICAL OR DISTRESSING INCIDENT

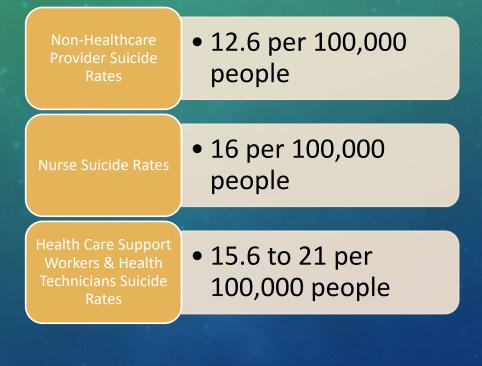


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- Certified Disaster Crisis Outreach and Referral Professional (CDCORP)
- Certified Trauma Support Specialist (CTSS)
- NAEMT Mental Health Resilience Officer (MHRO) Instructor
- Emergency Behavioral Health Coordinator
- Father, Son, Brother, Fiancé, Advocate, Suicide Loss Survivor...

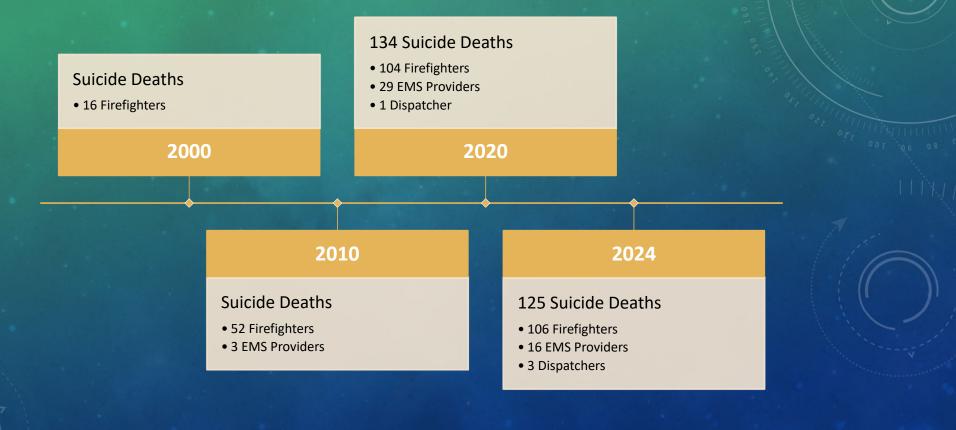
# I HAVE NO RELEVANT FINANCIAL RELATIONSHIPS TO DISCLOSE

### WHY WE NEED TO BE PREPARED?



https://pmc.ncbi.nlm.nih.gov/articles/PMC10523169/

## FIRST RESPONDER SPECIFIC SUICIDE DATA



Firefighter Behavioral Health Alliance

PEOPLE DON'T WANT TO DIE BY SUICIDE, THEY JUST WANT THEIR PAIN TO END

### WHAT IS IN YOUR EMERGENCY OPERATIONS PLAN?



EDUCATION? AWARENESS

WHAT DO YOU DO FOR FUN?



WHO IS PART OF YOUR SUPPORT SYSTEM?

WHO ARE YOU GOING TO CALL IN A CRISIS?

?



WHAT RESOURCES ARE AVAILABLE TO YOU?



HOW HAVE YOU HANDLED PAST CRITICAL INCIDENTS?

#### WHAT IS TRAUMA?

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## STRESS:

A physical and psychological response to an event that affects physical, emotional, cognitive, and behavioral functioning and may be a causative in disease or dysfunction.

## THE TWO FORMS OF STRESS:

- Eustress
- Distress

#### WHAT IS EUSTRESS?

- Positive, motivating reactions to situations
- Helps you focus and do your best
- Provides excitement and challenge
- Makes you feel good

#### WHAT IS DISTRESS?

- Disruptive force
- Makes you feel bad
- Interferes with functioning
- Negatively impacts on health

### CAUSES OF EMERGENCY SERVICES STRESS

Nature of the job

**Emotionally difficult** 

Physically draining

Threat to personal safety

Environment (to often include poor culture)

Rewarding and exciting

#### Hyper-arousal

High energy Anxiety Anger Overwhelm Hypervigilance Flight/Fight Chaotic

#### Window of Tolerance

Grounded Flexible Open/Curious Present Able to Emotionally Self-Regulate

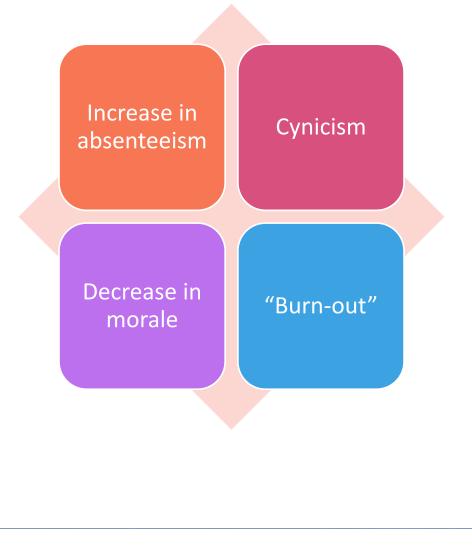
#### Hypo-arousal

Shut Down Numb Depression Passive Withdrawn Freeze Shame

## NATURE OF THE JOB

 A constant dose of low to moderate stress with an occasional dose of high-level stress

# CUMULATIVE EFFECTS OF JOB STRESS



## WHY WE NEED TO BE PREPARED

- Moral Distress the anguish felt when actions are against one's individual or shared values.
- <u>Compassion Fatigue</u> Provider feels loss of passion and sense of purpose
- <u>Burnout</u> Characterized by exhaustion, cynicism, diminished efficacy; job related and situation specific. May include depression and diminished ability to care for others
- <u>Secondary Traumatic Stress</u> Provider witnesses bereavement and grief of family
- <u>Post-Traumatic Stress Disorder</u> Group of symptoms including intrusive and recurrent memories of trauma

## HAVE YOU EXPERIENCED ANY ACES?

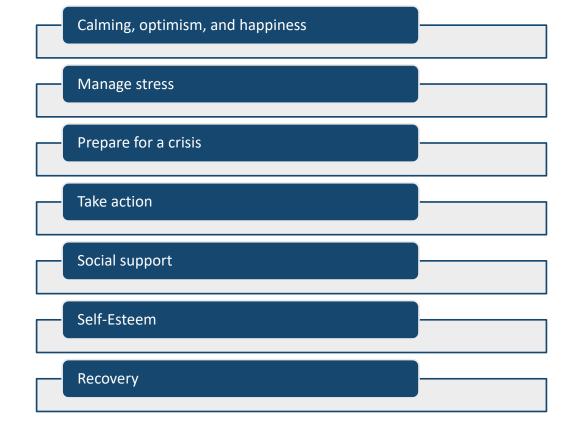


#### Health & Performance Continuum



÷		Characteristics		How to Maintain	
RESILIENT	PEAK PERFORMANCE	Quality Sleep Focused Attention Sustained Energy Engaged Optimistic	Physically Fit Flexible Self-confident Quality Relationships Emotionally Balanced	Sleep Optimization Well-balanced Diet Social Connectedness Regular Exercise Enjoyable Hobbies	Communication Skills Spiritual Practice Mindfulness Yoga Martial Arts
		Characteristics		How to Improve	
LEVEL	DECREASED	Sleep Loss Decreased Focus Reduced Energy Displaced Sarcasm Pessimistic	Fatigue Inflexible Self-doubt Reduced Social Activity	Peer Support Program EAP Consultant Spiritual Practice Marital Enrichment Psychological First Aid	Communication Skills Sleep Hygiene Well-balanced Diet Social Engagement Mindfulness
STRESS	Characteristics		How to Improve		
	POOR PERFORMANCE	Disturbed Sleep Poor Focus Binge Drinking Sadness Displaced Anger	Aggressive Behavior Moral Injury Guilt Relationship Issues	Peer Support Program EAP Consultant Chaplain Services Marital Enrichment Psychological First Aid	Sleep Hygiene Well-balanced Diet Social Engagement Mindfulness
		Characteristics		Professional Services	
STRESSED	IMPAIRED PERFORMANCE	Sleep Deprivation Inability to Focus Increased Absenteeism Substance Use Disorder PTSD	Depression Feelings of Hopelessness Insubordination Suicidal Thoughts	Brief Psychotherapy Family Therapy Marital Counseling Medication Therapy Federal Employee Health Benefit	Additional Counseling Primary Care Physician Dietician Personal Trainer

ELEMENTS NEEDED TO MAINTAIN AND ENHANCE RESILIENCY



# CHOOSE RESILIENCY!

**Take time to be mindful:** Conduct self-assessments about how you feel mind, body and spirit. Take time to consciously relax those areas of your body that are tense or bothered and take time to breathe through the tension points.

**Exercise/Eat Right:** A strong body is built with exercise and eating right. Activity and nutrition can help you manage mental and spiritual stress.

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**Nurture your purpose/meaning:** A system of values of what's important to you can help you make critical decisions. Focusing on your purpose helps to develop hope. And hope helps us discern a path through traumatic events.

**Fight for yourself:** Seek help in the areas of your life in which you are struggling. Growth can occur post suffering. You can discern meaning, purpose, and understanding for future events by understanding the issues you struggle with now.

**Optimism:** Optimistic people see hope in the future and practice gratitude. Gratitude and optimism are a critical component of well-being. Hunt the good stuff.

**Unload:** Unload your rucksack, unload your weapon, unload your equipment, unload your negative emotions in healthy ways. Let go of thoughts, feelings, and people that pull you down.

**Relationships:** Build your social community: Build your network of family, friends, mentors, and trusted advisors. They will support you through difficult things and bring joy.

### EDUCATION

NAEMT's Mental Health Resiliency Officer (MHRO)

#### Train PA (PA-PSFA)

 Had a Bad Call?, How to Better Support Your Fellow First Responder, Capturing the Load

#### SAMHSA

• First Response, Creating Safe Scenes, Shield of Resilience, Service to Self

#### CRITICAL INCIDENT

Any situation that causes unusually strong cognitive, emotional, physical, behavioral, and spiritual reactions which overwhelms normal coping mechanisms and may impact functioning at the scene or later, at home, and in relationships.



## TYPES OF CRITICAL INCIDENTS

Death or serious injury of fellow emergency responder	Death or serious injury of a child	Serious illness or injury to family or friends	Prolonged situation with negative outcome
Mass Casualty Incidents	Situations with extensive media coverage	Disasters (Man- made or Natural)	Any event that has an intense, personal connection

## RECOGNIZING CRITICAL INCIDENT STRESS



THE ONSET OF SYMPTOMS MAY BE IMMEDIATE OR DELAYED



AWARENESS IS THE FIRST INTERVENTION

#### TRAUMATIC STRESS REACTION

"ANY EVENT WHICH HAS SUFFICIENT EMOTIONAL POWER TO OVERWHELM A PERSON'S ABILITY TO COPE."

- JEFFREY T. MILLER, PH.D.

### COMMON IMMEDIATE DISTRESS SYMPTOMS



## HOW DOES STRESS EFFECT YOU?



Physically



Cognitively



Emotionally

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Behaviorally



Spiritually

## SERIOUS PHYSICAL SYMPTOMS

- Difficulty Breathing
- Chest Discomfort
- Shock Symptoms
- Fainting/Syncope

These symptoms require immediate medical evaluation!!



#### PHYSICAL SYMPTOMS

- Breathing difficulty
- Chest pain
- Shock symptoms
- Fainting
- Weakness
- Dizziness
- Nausea
- Vomiting
- Constipation
- Diarrhea

- Headaches
- Twitches
- Chills
- Thirst
- Elevated blood pressure
- Rapid heart rate
- Muscle tremors
- Profuse sweating
- Grinding of teeth
- Visual problems

### COGNITIVE SYMPTOMS

- Blaming someone
- Confusion
- Hypervigilance
- Hypoviligance
- Poor attention
- Poor decisions

- Memory problems
- Poor concentration
- Intrusive images
- Disturbed thinking
- Poor problem solving
- Poor abstract thinking

## MORE COGNITIVE SYMPTOMS

Heightened or lowered alertness

Increased or decreased awareness of surroundings

Loss of time, place, or person

Difficulty identifying familiar objects or people

Not feeling quite yourself

### EMOTIONAL SYMPTOMS

- Fear
- Uncertainty
- Irritability
- Emotional shock
- Agitation
- Apprehension

- Anxiety
- Guilt
- Grief
- Denial
- Severe panic (rare)
- Intense anger

# MORE EMOTIONAL SYMPTOMS

- Depression
- Feeling overwhelmed
- Inappropriate emotional response
- Loss of emotional control
- Sense of hopelessness
- Identifying with victim

#### **BEHAVIORAL SYMPTOMS**

- Suspiciousness
- Loss or increase in appetite
- Alcohol consumption
- Antisocial acts
- Nonspecific bodily complaints
- Inability to rest

- Change in activity
- Change in speech pattern
- Withdrawal
- Emotional outburst
- Change in usual communications
- Pacing

# MORE BEHAVIORAL SYMPTOMS





## SPIRITUAL SYMPTOMS

- Hopelessness
- Crisis of faith
- Decreased sense of self-worth
- Sense of meaninglessness
- Guilt
- Anger toward God
- Struggle for forgiveness or grace
- Struggle with connectedness

THE EXPECTATION THAT WE CAN BE IMMERSED IN SUFFERING AND LOSS DAILY AND NOT BE TOUCHED BY IT IS AS UNREALISTIC AS BEING ABLE TO WALK THROUGH WATER WITHOUT GETTING WET.

- RACHEL REMEN

Immediately (during & just after)	<ul> <li>Adrenaline rush and shakiness</li> <li>Disbelief or shock</li> <li>Fear and helplessness</li> <li>Anger</li> <li>Perceptual Distortions: tunnel vision, blunted or intensified sounds, heightened visual details, time passing more quickly or moving more slowly, disconnecting from your body (from endorphins)</li> <li>Extreme thirst (your body needs water to flush your system of the adrenaline)</li> </ul>	
Afterburn (minutes and hours after)	<ul> <li>Uncontrollable urge to cry</li> <li>Feeling numb or no longer having the ability to feel</li> <li>Feeling out of it or in a daze</li> <li>Feeling like the world is different somehow</li> <li>Feeling disconnected from the world</li> <li>Feelings like you are no longer yourself</li> <li>Forgetting details or important aspects of the incident</li> </ul>	
Aftermath (days and weeks after)	<ul> <li>Intrusive thoughts about the event</li> <li>Dreaming about the event or having nightmares</li> <li>Flashbacks – feeling like you the incident is happening again</li> <li>Being triggered emotionally and physically by reminders of the incident</li> <li>Avoiding thoughts and feelings about the incident</li> <li>Avoiding activities, places and people that remind you of the event</li> <li>Difficulty remembering the event</li> <li>Trouble sleeping</li> <li>Irritability and aggression</li> <li>Difficulty concentrating</li> <li>Hypervigilance – looking for threats more than usual</li> </ul>	You ar reactio

You are experiencing a normal reaction to an abnormal situation

# AFTER A CRITICAL INCIDENT

## Things to try to help yourself

- Eat well-balanced and regular meals
- Drink plenty of water
- Get plenty of rest
- Structure your time keep busy
- Moderation in alcohol, sugar, caffeine
- Allow yourself to be emotional
- Reach out to peers and family for support talk about it
- And exercise

# "THE MIND IS ITS OWN PLACE, AND IN ITSELF CAN MAKE A HEAVEN OF A HELL OR A HELL OF A HEAVEN"

- JOHN MILTON

## AFTER A CRITICAL INCIDENT

## **Things to try to help Others:**

- Listen carefully
- Spend time with traumatized person
- Help with everyday tasks
- Avoid unhelpful comments
- Know your limitations as a supporter ask for help as needed

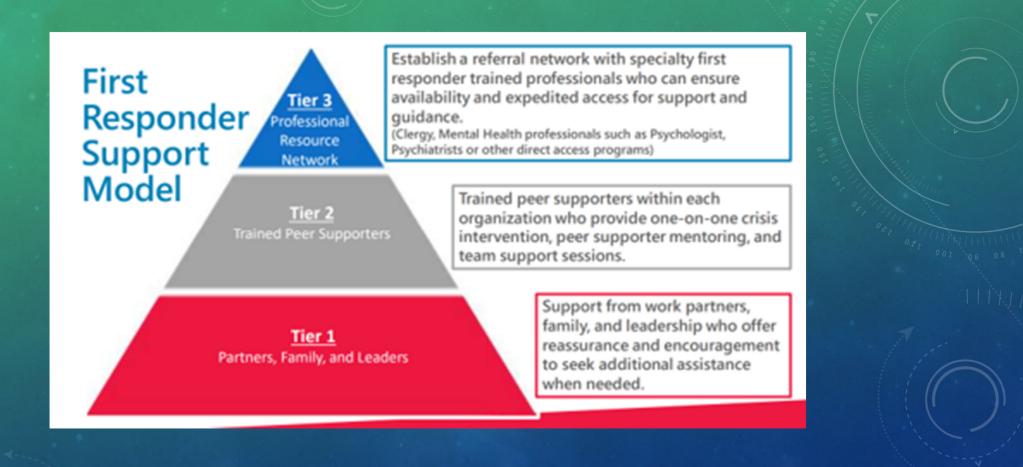


# DO NOT MAKE ANY LIFE-ALTERING DECISIONS FOR AT LEAST 30 DAYS POST-CRITICAL INCIDENT



# WHAT CAN AN ORGANIZATION DO?

- Build a Peer Support Team
- What is the policy for calling for help when off duty?
- Change the culture or support a positive culture



•Scott, S.D., Hirschinger, L.E., Cox, K.R., McCoig, M., Hahn-Cover, K., Epperly, K., Phillips, E., and Hall,L.W. (2010) Caring for our Own: Deployment of a Second Victim Rapid Response System. *The Joint Commission Journal on Quality and Patient Safety*. 36(5):233-240.

# WHAT IS PEER SUPPORT?

Designed to provide an empathetic listening ear

Identifies colleagues who may be at risk

Facilitate pathways to professional help

Confidential

# CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

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## WHAT IS CISM?

- C Critical
- I Incident
- S Stress
- M Management

Before, During, & After a Critical Incident

## CISM HISTORY

Dr. Jeffrey Mitchell founded CISM.

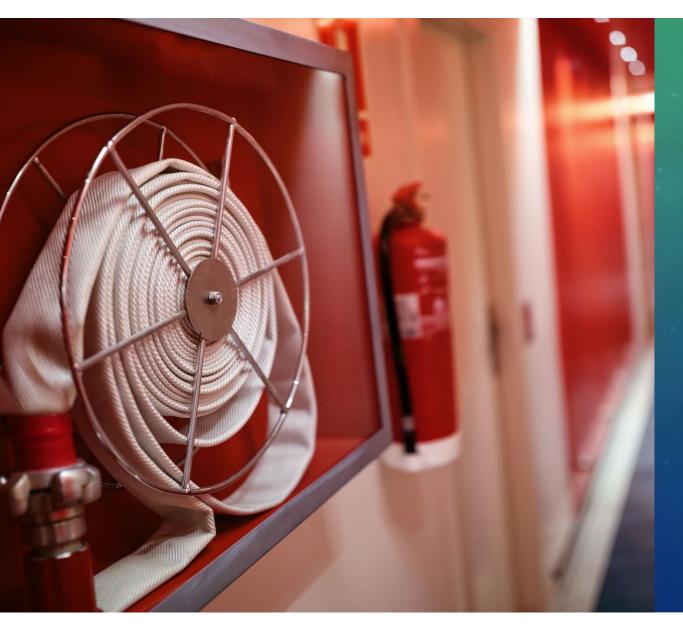
As a Baltimore Fire Department Battalion Chief, Dr. Mitchell was concerned about the impact of Emergency Services work on the providers.

> Dr. Mitchell noticed after traumatic incidents, some providers experienced negative impacts on their lives and careers.

> > Consequently, he began applying crisis interventions to Emergency Services Providers in 1974 to preserve and prolong lives and careers.

CISM G(	DALS	

Lessen	the acute symptoms
Reduce	the duration of symptoms
Activate	good coping strategies
Restore	adequate functioning
Facilitate	access to further care



## WHO CAN CISM ASSIST?

- Police
- Fire & Rescue
- EMS
- Dispatchers
- Coroners
- ED or other hospital staff
- Specialized units (Hazmat, etc.)

# ELEMENTS OF CISM

## Pre-Incident education and preparation

#### Assessment/Triage

- Who needs what?
- When are services required?
- How will services be delivered?

Strategic planning

Intervention

Referral

#### Critical Incident Stress Management Intervention Comparison Chart

Intervention	Target	Timing	Duration	Team
СМВ	Heterogeneous Groups	Any time new information available inside	20-30 minutes	Administrator and member of crisis team
Defusing (ISGS)	Homogenous Groups	Up to 8 hours post incident	20-45 minutes	2+ trained members of crisis team
CISD (PEGS)	Homogenous Group	1-3 days post event	1-3 hours	2+ trained members of crisis team; 1 <u>must</u> be a MHP
Individual	Single person	Any time	15-20 minutes	1 trained member of crisis team

# LARGE GROUP CRISIS INTERVENTION



Rest, Information, and Recovery (RIT): Formally known as Demobilization for large groups of rescue or recovery personnel

At or near the scene during ongoing operations or immediately after



Respite/Rehab Sectors

At or near the scene during ongoing operations or immediately after



Crisis Management Briefing (CMB) Provides accurate information about the incident to reduce rumors Teaches the signs and

symptoms of stress and how to manage these symptoms



# SMALL GROUP CRISIS

- Immediate Small Group Support (ISGS): Formally defusing
- Small Group CMB
- Powerful Event Group Support (PEGS): Formally CISD or Debriefing
  - Stages
    - Introduction
    - Brief Situation Review (Fact)
    - First Impressions (Thought)
    - Personal Impact (Reaction)
    - Signals of Distress (Symptoms)
    - Stress Management Information (Teaching)
    - Summary (Re-entry)

# INDIVIDUAL

- One-on-one (1:1) crisis intervention
  - Includes individual Psychological First Aid (PFA)

## OTHER CISM PROGRAMS

## Family CISM

Organization/Community Intervention Consultant

Pastoral Crisis Intervention (PCI)

Special Programs (Grief & Bereavement, LODD, etc.)

Follow-Up

## WHEN TO CONTACT A CISM TEAM?

When there are signs and symptoms of distress

When the nature of the incident suggests a need

When one or more providers have been affected by the same workrelated incident

## THE TERRIBLE TEN (OR ELEVEN)

- 1. Any LODD
- 2. Suicide of a colleague
- 3. Any serious line of duty injury
- 4. Any MCI or larger disaster
- 5. Killing or wounding of an innocent person
- 6. Significant events involving children
- 7. Prolonged incidents, especially with loss of life
- 8. Personally threatened situations
- 9. Any event with excessive media interest
- 10. Any highly distressing event
- 11. Administrative Betrayal

# WHO CAN REQUEST CISM?

## Individuals – for themselves or for coworkers

Officers, Group Leaders, and Incident Commanders



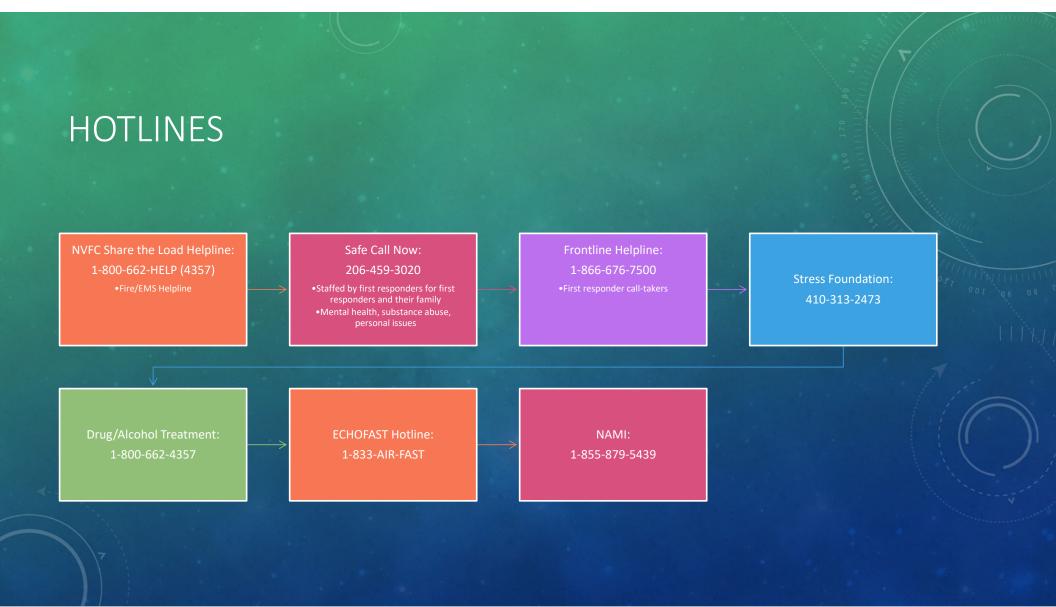
## SETTING UP A CISM PROGRAM

- Room privacy
- Pagers off / Off duty or mutual aid arranged if possible
- No notes or recordings
- No media or others not directly involved in incident present
- Everyone is equal
- CONFIDENTIAL

## USING CISM DOES NOT MEAN YOU ARE CRAZY!

CISM is not designed to be therapy or a replacement for therapy but is rather designed to be Peer Support

Normal people having common reactions to abnormal events NO TWO INDIVIDUALS HAVE THE SAME SUPPORT NEEDS...



# NATIONAL SUICIDE PREVENTION LIFELINE

- 800-273-TALK (8255) or 988
- 24/7/365
- Confidential
- Suicidal crisis and/or emotional distress
- Call routed to nearest crisis center (over 160 crisis centers)
- Veterans Crisis Line
- Open Chat: <u>https://chat.988lifeline.org</u>

# TEXT LINES

## WEBSITES

- Responder Strong: <u>https://responderstrong.org</u>
  - First Responder Self-Assessments
- The Code Green Campaign: <u>https://www.codegreencampaign.org</u>
- Firefighter Behavioral Health Alliance: <a href="https://www.ffbha.org">https://www.ffbha.org</a>
  - Suicide reporting, suicide-specific resources, suicide self-assessment



## PENNSYLVANIA SPECIFIC RESOURCES

Bucks County First Responder Peer Support Hotline: 267-893-5400

- First responders (Police call 267-893-5200)
- Family Issues, Job Stress, Financial Concerns, Alcohol/Drug Issues

Department of Health & Human Services Crisis Hotline: 1-800-273-8255

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