

Stress Management Services for Emergency Services Professionals in King County

January 31, 2004



Helping the Helper Help

A Report by:
King County Emergency Medical Services
Critical Incident Stress Management Program
January 2004

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CISM Analysis Commissioned: *October 2001*

Although constant evaluation of the services offered by the King County CISM Program is a mainstay, it was for specific questions that Billie Z. Lawson, MSW, and charter member of the King County CISM Team, was contracted to evaluate published research on critical incident stress. In 2001, questions were arising as to the validity of CISD (debriefings) and the CISM movement. Over 100 articles and texts on the subject of critical incident stress management and debriefings were reviewed. The primary focus of this paper is to identify the philosophy, strategies and goals of the CISM and CISD services provided by King County Emergency Medical Services.

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Executive Summary

The King County Critical Incident Stress Management (CISM) Program was developed in 1985 by Public Health, Division of Emergency Medical Services. The momentum grew from a recognition that traditional crisis intervention models were not utilized by emergency responders. This document identifies CISM Program philosophy and strategies and discusses concerns of the CISM movement.

The CISM Program is anchored firmly in the tradition of crisis intervention and emerging practices and intervention models in the fields of emergency service stress, stress management and psychological resilience¹. Program staff maintain relationships with recognized organizations providing critical incident services and disaster mental health services, regionally, nationally, and internationally, and are committed to helping emergency service workers manage their responses to occupational exposures while recognizing the unique culture of emergency services.

CISM services are provided by peer emergency service professionals and mental health professionals to emergency service personnel and families based on a public health model of: **Primary Prevention** - Increasing resilience¹ to extreme stressors; **Secondary Prevention** - Mitigating the impact of occupational exposure to extreme stressors; and **Tertiary Prevention** - Follow-up referrals for treatment when a higher level of support care beyond psychological debriefing/crisis intervention is required. Program staff are committed to clinical oversight of services and continuing education for team members. In addition to critical incident debriefings, the program offers pre-incident education, guidance in developing peer support teams, interventions to families (i.e. line of duty death), on-site demobilization and defusings to requesting agencies.

An international debate now questions assumptions upon which Jeffrey Mitchell, Ph.D., based his model of occupational trauma. CISM and CISD represent one model and one intervention, respectively, addressing the emotional/psychological coping behaviors and reactions to extreme occupational stressors to which emergency service personnel are exposed. CISM and CISD exist along with several models/interventions utilized in response to a larger issue of Disaster Mental Health.

When the King County program was developed, the "Mitchell" CISM model provided a convenient outline and terminology allowing emergency service providers easier access and linkage to mental health services. The experience of the team has resulted in ongoing re-examination and internal critical review of the methods and practices. Early experiences with the CISM program illustrated that blind adherence to any regimen without reference to mental health and emergency provider expertise, judgment, experience, and common sense would not be in the best interest of emergency service responders.

King County Emergency Medical Services maintains the CISM Program and practice is based on well-documented basic theory, practice, and clinical experience in crisis intervention, stress management, and public safety culture.

Background

King County Critical Incident Stress Management Program

In 1985, a group of emergency service professionals, public safety administrators, public health administrators and regional mental health professionals coalesced as the result of a mutual recognition that emergency response personnel (police, fire, medical) were exposed to work related events which could cause significant emotional reactions that could impact their ability to function effectively in their assigned roles. The King County Critical Incident Stress Management Program was developed under the institutional sponsorship of the Public Health Seattle & King County, Division of Emergency Medical Services. The impetus grew from the recognition that traditional crisis intervention models for individuals and families were not being utilized by emergency responders, and pre-incident and on-scene mental health services were lacking. Individuals representing police, fire, medical, and mental health professionals volunteered to address this need, establishing the King County CISM Program (1987).

The King County CISM program is anchored firmly in the historical tradition of crisis intervention and in current theories, emerging practices and intervention models in the fields of emergency service stress, general stress management and psychological resilience. Early in the program's inception, the group recognized that the intervention model developed by Jeffrey Mitchell -- which pairs emergency service providers and mental health professionals -- was accepted by emergency service professionals and particularly helpful as a means of delivering stress management services to them.

The program maintains ongoing relationships with recognized agencies and organizations providing critical incident services and disaster mental health services locally, regionally, nationally, and internationally. Such relationships provide access for King County CISM Team members to contribute knowledge, experience, and services beyond King County on a mutual aid basis (Example: King County CISM Team members participated in the post-incident interventions for emergency service personnel involved in the terrorist attacks on New York's World Trade Center Towers.)

Current Program Structure & Philosophy_____

The King County CISM program is committed to:

- Mobilizing existing occupational support systems to help emergency service workers identify and manage their personal and group responses to occupational exposures.
- Recognizing the unique culture and values of the emergency services field in designing interventions.
- Providing program components grounded in current theory and empirical research in crisis intervention as well as general human stress, psychological resilience¹ and acute stress reactions.
- Supporting quality services through clinical oversight of the program and team by a Clinical Director (MHP), review of interventions and continuing education for team members.

King County CISM program services are provided by:

- Teams comprised of volunteer emergency service professionals (peers) and mental health professionals.
- Team members whose participation involves a thorough screening and selection process.
- Team members who are required to participate in ongoing professional education and training.
- Team members trained in a variety of crisis group intervention and psychological debriefing models, which facilitate the mobilization and participation of team members in local, regional and national disaster mental health response efforts.

The King County CISM Program offers services to emergency service professionals and their families based on a public health model of:

Primary Prevention:

Increasing resilience¹ to extreme stressors

- Team members are available to provide on-site assessment and personnel support to state emergency disaster mobilization, state emergency incident command posts and incident command operations.
- Pre-incident agency training/education programs are available to emergency service professionals and their families which:
 - ◊ Identify occupational stressors unique to emergency services;
 - ◊ Describe CISM program services;
 - ◊ Provide information about typical human responses to traumatic work events;
 - ◊ Facilitate the identification of the range of coping methods and resources available to emergency service workers.
- Models for peer support programs have been developed and are available to interested departments.

The King County CISM program strives to facilitate the development of resilience by encouraging emergency service professionals to:

Make connections: Good relationships with close family members, friends, or others are important, particularly in response to critically stressful incidents. Accepting help and support from those who care about you and will listen to you strengthens resilience. Reemphasize that being active in civic groups, faith-based organizations or other local groups provides social support and can help with reclaiming hope. Assisting others in their time of need also can benefit the helper.

Avoid seeing crises as insurmountable problems: You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present in order to consider how future

circumstances may be a little better. Note any subtle ways in which one might feel somewhat better as one deal's with difficult situations.

Accept that change is a part of living: Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help one focus on circumstances that can be altered.

Movement toward goals: Development of realistic goals, and doing something regularly – even if it seems like a small accomplishment – that enables movement toward one's goals. Instead of focusing on tasks that seem unachievable, asking oneself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

Taking decisive actions: Acting on adverse situations as much as one can. Taking decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

Look for opportunities for self-discovery: People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, greater sense of personal strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality, and heightened appreciation for their life.

Nurturing a positive view of oneself: Developing confidence in one's ability to solve problems and trusting one's instincts helps build resilience.

Keep things in perspective: Even when facing very painful events, trying to consider the stressful situation in a broader context and maintaining a long-term perspective. Avoiding blowing the event out of proportion.

Maintaining a hopeful outlook: An optimistic outlook enables one to expect that good things will happen in one's life. Visualizing what one wants, rather than worrying about what one fears.

Taking care of oneself: Paying attention to one's own needs and feelings. Engaging in activities that one enjoys and finds relaxing. Exercising regularly. Taking care of oneself helps to keep one's mind and body primed to deal with situations that require resilience.

Secondary Prevention:

Mitigating the impact of occupational exposure to extreme stressors

- Provide "psychological first aid"² and on-site incident support services (defusings)
- Offer post-incident interventions (psychological debriefings) intended to:
 - ◇ Acknowledge both potential and realized traumatic reactions to the event or incident
 - ◇ Stabilize and mitigate the impact of acute symptoms/signs of distress following the exposure
 - ◇ Assist individuals to evaluate their own responses in terms of the impact on their current occupational functioning and the possible need for ongoing referral/treatment
 - ◇ Encourage the mitigating effects of peer group support and interaction in the workplace
 - ◇ Facilitate emergency service workers' usage of the range of social, emotional, and psychological resources available to them

Tertiary Prevention:

Follow-up referrals for treatment and rehabilitation when a higher level of support care beyond psychological debriefing/crisis intervention is required

- Trained mental health professionals familiar with emergency services personnel are available to refer emergency service workers to the appropriate level of ongoing care and treatment.
- Team coordinators provide follow-up agency consultation and referral to available mental health resources

The King County CISM program is committed to providing clinical oversight of services provided through it's clinical director and through ongoing continuing education required for continuing Team membership

The model, as utilized by the King County CISM Team, has evolved and continues to evolve based on the shared experience and knowledge of the team members, mental health and emergency service responders alike.

The King County CISM program offers pre-incident education, has developed materials to be used by emergency response agencies interested in developing peer support teams, provides occasional interventions to families of emergency service workers, specifically around line of duty deaths and other kinds of family crises (e.g. death of volunteer firefighter's child), has provided on-site demobilization and defusings, and continues to provide the program "staple", critical incident stress debriefing for requesting agencies.

Program Goals for 2004 – 2006

- Continuing education will emphasize current findings about identification of high-risk factors for traumatic stress reactions
- Assessment of our current process for individual referral and follow-up, with specific facilitation from mental health professional team members.
- Assessment of our current process for individual referral and follow-up, with specific facilitation from emergency service personnel team members.
- Evaluation of the team position re: peer support efforts that do not have mental health professional oversight/supervision.

Discussion Points on the Current Debate_____

Concern: For the past several years, an international debate has occurred which has questioned the assumptions upon which Mitchell based his model of occupational trauma. Critical Incident Stress Management and Critical Incident Stress Debriefing represent one model and one intervention, respectively, addressing the emotional/psychological coping behaviors and reactions to the extreme occupationally related stressors to which emergency service personnel are exposed. The model and the intervention represent one of several models utilized by mental health professionals in response to the larger issue of Disaster Mental Health. "A 'critical incident' is any event that causes an unusually intense stress reaction. The distress people experience after a critical incident limits their ability to cope, impairs their ability to adjust, and negatively impacts the work environment (University of Washington website on Critical Incident Stress Debriefing, 2003)."

Discussion: The King County CISM program recognizes that utilizing the CISM model created by Jeff Mitchell and George Everly of the International Critical Incident Stress Foundation has --and is likely to continue to --stir up controversial reactions, questions, and perceptions by some. The initial King County CISM team training (1985) was based on well-documented basic theory, practice, and clinical experience in crisis intervention, stress management, and public safety culture.

The CISM model of Jeff Mitchell and George Everly provided a convenient outline and terminology allowing King County's emergency service providers easier access and linkage to mental health services. The history and experience of the team as well as the constant examination, re-examination, and ongoing internal critical review of the methods and practices of the program have similarly been marked by the confrontation -- and resolution- - of the issues raised by critics of the "Mitchell" model.

Our own early experiences with our CISM program illustrated that blind adherence to any regimen without reference to the combined mental health and emergency service provider expertise, judgment, experience, and common sense represented by team and program

Discussion Points on the Current Debate (continued)

members and administrators would be misguided and not in the best interests of King County's emergency service responders nor of the King County CISM team and program.

The Team has found that the "Mitchell" model has been a useful intervention tool when used in support of the basic public health intervention model utilized by the Team.

Concern: A question sometimes arises regarding claims made that psychological debriefings, particularly "Mitchell" model or CISM interventions, prevent Posttraumatic Stress Disorder (PTSD) and/or treat PTSD.

Discussion: The King County CISM program has not and does not make such claims. The King County CISM Team's trainings and critical incident interventions, including use of the "Mitchell" psychological debriefing model, are not intended to either treat or prevent Posttraumatic Stress Disorder. Ample research exists that prevention of PTSD is an unrealistic expectation of any such workshop or intervention. The King County CISM program is also careful to explain that neither workshops nor interventions are intended to function as either therapy or counseling, although therapeutic benefit may be experienced by participants.

King County CISM Team provides mutual aid to--and has also received mutual aid from-- other similarly focused CISM teams.

The King County CISM program and Team members are eager and quick to serve as a referral "bridge" to appropriate mental health resources and services whenever counseling or therapy may be needed.

Concern: CISM Interventions may “harm” emergency service participants

Discussion: Team members are similarly careful to delineate the reasonable range of expectations for defusing or debriefing participants. Part of that range is that some participants may leave a defusing or debriefing or agency training workshop with an increased awareness of emotional discomfort or distress for the focal incident, for a prior incident, or for an accumulation of prior incidents. Increasing the awareness of emergency service responders to actual, potential, secondary, or latent traumatization as the result of their involvement in a critical incident, or an accumulation of incidents, is actually one of the purposes of the programs workshops and interventions.

The structure of the CISD model of post-critical incident psychological debriefing is helpful in orchestrating both cognitive and affective responses and minimizing excessive self-disclosure by participants. King County CISM program psychological debriefings are provided to first responders who participate in a specific critical incident, whether from one or several public safety organizations. When the intervention is for a single organization, all on-scene participants are encouraged to participate in the CISD. The screening coordinator assesses the risk of unnecessary exposure to traumatic material when convening a multiple agency CISD intervention.

Concern: The CISM program attempts to “replace” the normal coping mechanisms and resources of emergency service responders.

Discussion: An important program emphasis and goal is to reinforce, support, and facilitate emergency service responders’ awareness and accessing of their own coping resources, particularly peers and families. Agency training and workshops emphasize both peer support and family support and are able to provide suggestions and guidelines to strengthen such ties within emergency service agencies.

The King County CISM program also emphasizes the importance of family participation in the pre- and post-incident support for emergency service personnel since emergency service

workers typically utilize family and community support systems in response to critical incidents. The King County CISM program attempts to facilitate, support, and augment these support system elements by making them more responsive and resilient through pre-incident education to emergency service families.

Concern: There is no empirical evidence that debriefings “help”.

Discussion: We have come to recognize that “ Perceived Helpfulness” is itself a positive outcome. The mobilization of social support appears to be a primary “helpful” factor in CISD interventions. “There are therapeutic forces operating in groups who go through interventions and therapy together. Lindy, Green, Grace, and Titcherer (1983), as cited in Bisson et al. (2000), write about the “trauma membrane” to describe the healing and mutual understanding that surrounds community members involved in the same disaster or incident” (Ford & Carter, 2003). One essential feature of a CISD intervention is the mobilization of the occupational “group” as a defined arena for social support. Follow-up analysis of evaluation questionnaires on CISD interventions conducted by the King County CISM Program similarly reflected that the most useful part of the intervention was in “hearing how my colleagues are doing” and “sharing my experience with colleagues.”

Footnotes

1. Resilience Mode

Resilience is defined as “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors (American Psychological Association, 2003).”

2. Psychological First Aid

The basic human responses of comfort and consoling a distressed person; protecting a person from further threat or distress, as far as is possible; furnishing immediate care for physical necessities, including shelter; providing goal orientation and support for specific reality based tasks (“reinforcing the concrete world”); facilitating reunion with loved ones from whom the individual has been separated; facilitating some telling of the “trauma story” and ventilation of feelings as appropriate for the particular individual; linking the person to systems of support and sources of help that will be ongoing; facilitating the beginning of some sense of mastery; and identifying the need for further counseling or intervention. (Raphael et al., 1996, pp. 466–467)