



Transformation Behavioral Health, LLC

**The Ins and Outs of Being a Mental Health
Critical Incident Responder & Debriefer**



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Agenda

- 9:00 AM-11:00 AM Morning Session
- 11:00 AM-11:15 AM Break
- 11:15 AM-12:15 PM Morning Session Part 2
- 12:15 AM-1:15 PM Lunch
- 1:15 PM-3:15 PM Afternoon Session
- 3:15 PM -3:30 PM Afternoon Break
- 3:30 PM- 4:30 PM Wrap-Up

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LEARNING OBJECTIVES

1. Describe a variety of critical incidents and how they affect people and their communities differently.
2. Identify the skills and abilities necessary to participate with Critical Incident Stress Management as a mental health CIRT.
3. Define "crisis intervention" as it relates to critical incidents and identify the stages of disaster/critical incidents recovery and problems associated with each stage.
4. Identify the signs and symptoms of crisis induced stress and emotional trauma.
5. Discuss and be able to recognize critical incident's effects and impacts on victims and workers, including acute and posttraumatic stress.
6. Identify common strategies for coping with disaster and critical incident related stress and demonstrate basic disaster mental health professional responses to critical incident related crisis situations/scenarios

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ICE-BREAKER

- Name
- Location
- Current Positions (s)
- Interest in this training



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SELF-ASSESSING AS A CLINICIAN



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Self-Assessment Areas

- Clinician's Personal History with Trauma
- Clinician's Experience & Specialized Training
- Understanding of Compassion Fatigue
- Implementation of Setting and Operating within a Boundary
- Appropriate Coping Mechanisms
- Appropriate Self-Care Strategies



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Common Reactions to Critical Incidents?

- High anxiety levels or overwhelming emotions.
- Feeling out of control or feeling like you are in a fog.
- Unwillingness to accept the situation.
- Feelings of shock or feeling hysterical fear.
- Unable to process things or wishing you could escape.
- Intrusive images that won't stop.



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Critical Incidents Mental Health Responder CISM Should Have Experience in the following area:

- Trauma
- Grief/Loss
- Anxiety
- Stress



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Burnout Considerations

- Current Caseload
- Any Current Personal Stressors
- Burnout is not vicarious trauma
- Burnout refers to a response to the work environment which may be too demanding, stressful, or unrewarding.
- Behavior characteristics of burnout include lack of motivation, poor work performance, time problems, and general dissatisfaction with the job.



The word "Burnout" is written in a large, bold, black font. The letters are partially obscured by a graphic of a person's head and shoulders engulfed in flames, with smoke rising from the top. The background is white with a faint grid pattern.

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Vicarious Trauma Termed

- Secondary trauma
- Compassion fatigue (Figley)
- PTSD
- Secondary traumatic stress
- Indirect victimization
- Traumatic countertransference



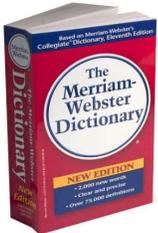
A photograph of several wooden blocks with letters on them, arranged to spell out the word "WORDS". The blocks are dark wood with white letters. The letters are W, O, R, D, S. There are also some other blocks scattered around, including one with the letter 'H'.

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Vicarious Trauma Defined

- "The transformation that occurs within the trauma worker as a result of empathetic engagement with the client's trauma experiences. Such engagement includes listening to graphic descriptions of horrific events, bearing witness to peoples' cruelty to one another, and witnessing and participating in traumatic reenactments"

Pearlman & Saakvitne, 1995



A photograph of a red and white Merriam-Webster Dictionary. The cover is red with white text. It says "The Merriam-Webster Dictionary" and "NEW EDITION". There are also some smaller details like "2,000 new words" and "1,000 new definitions".

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Purpose of Critical Incident Responder (CISM)

A system of services for helping organizations and employees recover from traumatic events in the workplace.

PURPOSE

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Example of Critical Incidents

- Medical emergency
- Serious injury
- Death Witnessing
- Severe weather
- Bomb threat
- Civil unrest / Protest
- Major accident
- Building collapse
- Fire / Explosion
- Shooting
- Organizational downsizing
- Others?



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IMMEDIATE SUPPORT

- Psychological First Aid (BASIC)
- Tailor the intervention
- Severity of the critical event
- Degree of exposure
- Level of development
- Special populations
- Help regain some sense of control and normalcy
- Safety
- Security

SUPPORT

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GROUP CONSIDERATIONS

Attendees/Size/Environment

- Hierarchy
- Union
- Employees
- Management
- Etc....



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Tips for a Small Group Briefing

- Leadership will introduce you, refer to the critical incident and describe the purpose of the meeting.
- Next, review the general agenda and guidelines:
 - Meeting is voluntary and confidential
 - Participants can contribute or say nothing. Either is okay. Their presence today will help and support others – even if they say nothing
- Explain how the group will proceed. Ask how participants are doing and what they can do to help one another. Discuss how to plan the next steps and seek additional support if needed.
- Explain that a wide range of reactions is common and a “normal” reaction to an “abnormal” event. Recognizing that others are experiencing similar thoughts, feelings and reactions, and have similar concerns, is an important factor in tapping into their normal resiliency.

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TIMING

- Initial – 24 to 72 hours after critical event
- 1-2 hours
- Individual discussions
- Can meet over the course of several days (options)
- Special events



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DEBRIEFERS

Qualified professional who have been trained

- Behavioral health
- Peer Support
- Chaplains

One or two debriefers depending on the nature and severity of the incident

- Lead
- Observer



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GOALS



"If you aim at nothing, you will hit it every time"

Author Unknown

- Establish an environment of trust
- Use defusing to allow for ventilation of thoughts emotions and experiences
- Mitigate impact of event
- Facilitate normal recovery processes
- Restore adaptive functioning
- Identify high-risk participants

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REACTIONS

- Behavioral
- Physical
- Emotional



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DISTRESS

- When a critical event occurs, human beings react
- The severity of the reaction is based on the individual
- The physiology of the body's response to a threat is the same
- Frequency and duration cause complications

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"Anything that's human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings/reactions, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone."

best medicine

NEIGHBORHOOD TROLLEY

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PLANNING

- Ensure a safe, non-judgmental, confidential space is set up for the debrief
- Ensure you are informed of the details of the situation and the impact
- Identify specific groups that might be attending

PLAN FIRST!

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Start At The BASE

- Trauma is a normal reaction to a critical incident event
- Support Constructive Outcome
 1. Non-prescriptive process
 2. Use a "wellness" approach
 3. Assume the best recovery
 4. Elicit reactions
 5. Educate and normalize



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LOGISTICS

- **Room Set-up:** Consider group style
- **Resources:** Handouts, Information regarding EAP benefits, business cards
- **Additional Support:** Depending on the size of employees you may need assistance with dividing the group or individual discussions



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INITIAL DISCUSSION

- Introduction
- Meet Basic Needs First
- State this Meeting is Informal and Confidential
- Review the Critical Incident
- Open discussion to the group
- Listen, Acknowledge & Validate



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DEFUSING

 Provide opportunity to express emotions openly and safely

 Explore sensory experiences and thoughts

 Maintain a sense of calmness and emotional balance

 Empathy and compassion

 Reduce feelings of helplessness, lack of control and isolation

 *Use your observation skills



**Defuse
Conflict!**

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NORMALIZATION

- Inquire about reactions during the event
- Discuss what reactions might occur during the next 24-48 hours
- Frame reactions as “normal” reactions to abnormal events
- Reassure everyone that they are not “going crazy”



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NORMAL PHYSICAL REACTIONS

- Flight or Fight response
- Increased sensory acuity
- Hyperventilation / Dizziness
- Trembling / Shaking
- Nausea / Vomiting
- Difficulty sleeping and / or Nightmares

Physical Changes



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PHYSIOLOGICAL

- Increase heart rate and blood pressure
- Mobilize energy stores
- Suppress higher order functions in favor of simple behaviors
- Increased white blood cells to repair tissues

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NORMAL COGNITIVE REACTIONS

- Confusion
- Memory lapses
- Poor concentration



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NORMAL BEHAVIORAL REACTIONS

- Increased emotionality
Irritability
- Irritability/Outbursts of anger
- Emotional Numbing/Withdrawal
- Feelings of helplessness/lack of control
- Indecisiveness
- Expressions of guilt over actions/inactions
- Difficulty returning to usual activities

BEHAVIOR



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Basic Human Reactions

- Survive
- Protect Others
- Recue those in need



BASIC

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Psycho-Education

- Dissect the event
- Touch on life circumstances that might be impacting the individuals involved
- Discuss how everyone did the best they could do given the circumstances



EDUCATION

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Factors Affecting Reactions

MITIGATING FACTORS



- Degree of real / perceived life threat
- Speed of onset / duration
- Potential for recurrence Level of exposure to death / destruction
- Number of persons affected by the event
- Natural or man-made disaster

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Personal Factors

- Age
- Personality characteristics
- Previous life experiences
- Cultural / Social aspects
- Coping skills
- Support systems
- Locus of responsibility for event



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Coping Strategies



Exercise	Nutrition	Sleep	Relationships
Mindful	Relaxation	Be aware	Help others
Find meaning	Optimism & gratitude	Take time	

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DISCUSSION

- Describe healthy and unhealthy strategies
- Promote brainstorming of coping skills and resources
 1. Internal
 2. Colleagues
 3. Family and friends



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INTERNAL

- Problem solving
- Emotion- focused
- Active
- Avoidant



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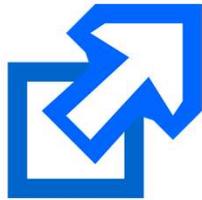
EXTERNAL

SUPPORT SYSTEM

- Colleagues
- Friends
- Family

ADDITIONAL RESOURCES

- Spiritual
- Physical
- EAP



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Inappropriate Coping Skill: Alcohol Use

- After a traumatic event, people often report using alcohol to relieve their symptoms of anxiety, irritability and depression.
- Alcohol may relieve these symptoms because drinking compensates for deficiencies in endorphin activity, and thus avoid the associated emotional distress.
- Problem when alcohol is relied upon as the preferred source for coping (self-medicating).



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SYMPTOMS

- Acute Stress Disorder
- PTSD

STRESS



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Professional Symptoms

-  I have been unable to get work or something specific to work out of my head
-  I have had unwanted memories pop up in my head of past events from work
-  My productivity at work has been reduced
-  I have felt like quitting my job more than once
-  I find paperwork and mental task getting in the way enjoyment of work

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Intrusive Symptoms

- Thoughts and images associated with patient's traumatic experiences and/or suffering
- Obsessive and compulsive desire to help certain patients
- Patient/work issue encroaching upon personal time
- Inability to "let go" of work-related matters
- Perception of patients as fragile and needing the assistance of caregiver("savior")
- Thought and feelings of inadequacy as a care provider
- Sense of entitlement or special-ness
- Perception of the world in terms of victims and perpetrators
- Personal activities interrupted by work-related issues

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Avoidance Symptoms

Silencing Response (avoiding hearing/witnessing client's traumatic material)	Loss of enjoyment in activities/cessation of self care activities	Loss of energy	Loss of hope/sense of dread working with certain patients
Loss of sense of competence/potency	Isolation	Secretive self-medication (alcohol, drugs, work, Sex, Food, Spending, etc.)	Relational difficulties

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Arousal Symptoms

- _____ Increased anxiety
- _____ Impulsivity/reactivity
- _____ Increased perception of demand/threat(in both job environment)
- _____ Increased frustration/anger
- _____ Sleep disturbance
- _____ Difficultly concentrating
- _____ Change in weight/appetite
- _____ Somatic symptoms

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Debriefing Wrap-Up



- How are you feeling now?
- What are your plans?
- Handouts
- Follow-up recommendations
- Resolution

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Follow-Up

- Identify the follow-up as a routine step
- Ask permission to follow-up
- Communicate concerns to the organization
- Schedule follow-up with the individual or group
- Check on the "basics"



*If there are any concerns, please advocate for employee's wellness intervention

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Special Populations

- Cultural
- Spiritual
- Military
- Emergency Room Staff
- First Responders



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Debriefing the Debriefer

REVIEW:

- How did it go?
- How do you think you did?
- What themes / concerns emerged?
- Follow-up scheduled?



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RESPONSE

- What did you say that you wish you hadn't?
- What didn't you say that you wish you had?
- What was the most difficult part of the debriefing?
- How has the debriefing affected you?

HONEST



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SUMMARY REVIEW

- **Strengths** : What went well?
- **Challenges**: What was particularly difficult?
- **Opportunities**: What can internal/external resources do to help right now? What can be learned from this experience?
- **Goals**: What changes in operations, systems, training etc. would help make things better/easier for the next time?
- Compile aggregate information for the program (**ensure participants' confidentiality**)

REVIEW



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Resilience

- Ability to adapt in the face of adversity, trauma or tragedy
~ American Psychological Association
- Ability to be successful personally and professionally, in a highly pressured, fast-paced and continuously changing environment



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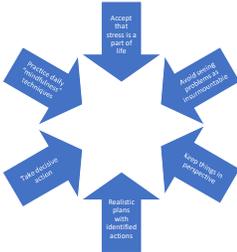


Stress Overload

- Irritability
- Uncommon headaches
- Abnormal fatigue
- Prolonged or uncontrolled emotional response
- Nervousness
- Difficulty concentrating
- Difficulty sleeping

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Strategies for Building Resiliency



- Accept that stress is a part of life
- Avoid seeing problems as insurmountable
- Keep a light in perspective
- Realistic plans with identified actions
- Take decisive action
- Develop daily mindfulness techniques

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DAILY MINDFULNESS

- Health and Wellness
- Work / Family Balance
- Coping strategies
- Relaxation / Meditation



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The Process

1. Receive call requesting your services as a CISM/Critical Incidents Responder.

Things to consider:

- Current Schedule
- Experience with specific critical incident needs
- What time they need you onsite?
- The distance you will travel
- How many employees?



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The Process Cont.

2. **Plan and Prepare:** What points do you want to hit on during discussion? What handout (s) would benefit group?

Thing to consider

- If large number of employees, you may want to reach out to onsite contact for assistance in printing.
- Do you have availability to accept new clients? If not, please disclose to request resource so they can reach out to another therapist regarding immediate appointment needs.



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The Process Cont.

3. Arrive onsite and connect with onsite contact. This person will give you any additional information regarding employee needs and setup location.

4. Your first connect with employees will be management. Remember you are the professional to lead this response.

5. Introduce yourself to the team, remember to state who you are representing (insurance or EAP company).

6. Share with management team how you will proceed



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Process Cont.

- 7. Proceed with plan.
- 8. Introduce yourself to entire group. Validate their concerns (fear, trauma, loss, etc.) Provide general information regarding primary concern.
- 9. Dismiss management team. Allow management team member with direct impact to remain
- 10. Consider asking group of employees to put chairs in a circle (group style). This will assist you observe all as well as help group to connect with one another



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Process Conclusion

- 11. Discuss confidentiality with group
- 12. Open discussion with an open-end question to group.
- 13. Remember this is not a venting group session. Defuse escalation of those who become emotionally upset
- 14. Note information being shared regarding employees needs to share later during debriefing.
- 15. Ensure Confidentiality before closing session



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Debriefing

- 16. Share with management team pertinent information from session **without using names** of employee. Be mindful of confidentiality.
- 17. Meet with individuals one on one in space provided by onsite contact.
- 18. Next day or later that evening you will debrief insurance or EAP contact.



*note how many employees, how many you seen individual, time onsite, and any recommendations

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THANK YOU!

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STAY SAFE!