



Dealing with Crisis

Acute Traumatic Stress Management



Objectives of this presentation:

To provide the participants with ...

- A review of the causes and effects of stress
- Some cues to identify stress and tools to manage it
- An overview of critical incident stress, crisis management, and critical incident stress management (CISM)
- An orientation to CISM program

Why Prepare?

- "The psychological states of emergency response personnel can have a direct effect on the mental and physical health of survivors of a trauma or disaster"
- (Glass, 1956)

Just What is Stress?

"A state of physical and emotional arousal."



Where Does Stress Come From?

Stimulus → Response 

Stressor (stimulus/demand) → Stress Response

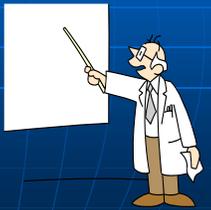
Crisis

- An acute response to a Critical Incident wherein:
 - Psychological homeostasis has been disrupted
 - Usual coping mechanisms have failed
 - Some evidence of impairment is present

Crisis Intervention Principles ...

Urgent and acute psychological "first aid" characterized by:

- Spell B -I -S -E -P
 - Brevity
 - Immediacy
 - Simplicity
 - Expectancy
 - Proximity



Common Problems

- Doing psychotherapy instead of Crisis Intervention
- Dwelling on past rather than current events
- Failure to provide closure
- Failure to follow-up

Children & Trauma 2 – 6 Years

- Sleep disturbances
- Short and frequent expressions of sadness
- Tantrums
- Death is temporary
- Reunion fantasies
- Anxious attachment
- Reenactments
- Mute and withdrawn
- Regression

Children & Trauma 6 – 10 Years

- Withdrawal of trust from adults
- Somatic complaints
- Regression/slowed maturation
- Behavior problems
- Expression through play and art
- Concentration problems
- Radical changes in behavior
- Savior fantasies

Children & Trauma 10 – 14 Years

- Suppress thoughts and feelings
- Sense of meaninglessness of existence
- Somatic complaints
- Childlike behaviors and attitudes
- Symbolic interpretations
- Sense of foreshortened future

What to do – Ways to be helpful

- Offer hope that alternatives are available. Avoid glib reassurances.
- Take action. Remove means such as guns and other weapons.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Intervention

- Gather information: known stressors, family background, academic history, observable behaviors, child's statements.
- Approach child: establish trust, show concern, offer self as a resource.

Intervention

- Listen. Use normal speaking pattern. Keep questions gentle and respectful. Show concern with body language: posture, eye contact, position
- Do not promise confidentiality. Let him or her know what you're going to do.

2 "Varieties" of Stress ...



"Eustress" equals Good Stress

--- Positive, motivating stress



"Distress" equals Bad Stress

--- Negative, excessive, debilitating stress

Stress is *Cumulative*



It builds up over time ...

Cumulative Stress

Is stress that ...

- Piles up (*snowballs*).
- Increases with time.
- Deteriorates:
 - * Performance
 - * Relationships
 - * Health



Like With an Airliner ...

Stress is the “wear and tear” on our human coping systems. Over time minor stresses *can* have major and damaging effects. This is the cumulative effect of stress.



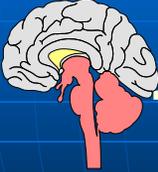
... *and we can crash too!*

Physical Manifestations



- Excessive sweating
 - Nausea and/or vomiting
- Elevated pulse rate
 - Elevated blood pressure
- Rapid breathing
 - Dizziness

Cognitive Signs



- Confusion. Mumbling of words
- Difficulty making decisions
- Decreased concentration
- Memory dysfunction

Emotional Signs



- Emotional Shock
 - Anger
 - Grief
- Depression
- Feeling totally overwhelmed

Behavioral Signs



- Changes in ordinary behavior
- Changes in eating habits
- Decreased personal hygiene
- Prolonged silences
 - Withdrawal

Stress Response Timelines

- Immediate -- up to 24 hours post event.
- Delayed -- 24 to 72 hours post event.
- Cumulative -- buildup of stress over time.



A Crisis

A response to an event wherein ...

- One's normal psychological balance (homeostasis) has been disrupted,
- One's usual coping mechanisms have failed to reestablish the needed homeostasis, or
- There is evidence of functional impairment.

Crisis Intervention



Crisis Intervention is ...

The provision of timely "emotional first aid:"

- An exercise in psychological damage control. Stopping the bleeding!
- Not a cure
- An opportunity for assessment and for follow-up
- Guided by a mental health professional (MHP)



Crisis Intervention

Is but one aspect of a continuum of care. It requires *specialized* and *unique training*.

**Critical Incident
Stress Management
(CISM)**
is
one type of crisis intervention.
It is a comprehensive,
systematic program for the
mitigation of critical- incident
related stress.

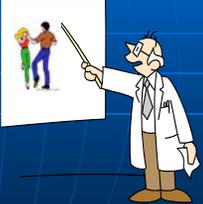
The goals of CISM ...

- **Prevent** traumatic stress
- **Mitigate** traumatic stress
- **Intervene** to assist recovery
from traumatic stress
- **Accelerate** recovery
- **Restore** function
- **Maintain** worker health and
welfare

CISM deals with
the current circumstances, the
current event or crisis ...
NOT
... personal histories.
**It is First Aid, not
definitive care.**

The Defusing 3-Step ...

- *Introduction
- *Exploration
- *Information

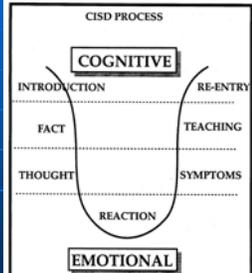


The Critical Incident Stress Debriefing (CISD)

- A group discussion of a traumatic event
- Peer driven
- Lasts 1-3 hours
- Closed circle format
- Held 1 - 10 days post event
- NOT psychotherapy!



CISDs consist of 7 stages ...



Mitchell, 1991

In the event of a crisis...

Be sure that you contact 911 first and foremost, but also the Scout Executive or designee.

10 Stages of ATSM

1. Assess for Danger / Safety for Self and others.
2. Consider the mechanism of injury.
3. Evaluate the Level of Responsiveness. (breathing, etc.)
4. Address Medical Needs (Call Scout Executive).
5. Observe and Identify

10 Stages of ATSM

1. Connect with the Individual(s) (Reactionary gap, position of advantage) (Distraction, Disrupt, Diffusion, Decision, Direction)
2. Ground Individual
3. Provide Support (Empathetic-Sounds like you've had a rough experience)
4. Normalize Response
5. Prepare for the Future

Referral ...

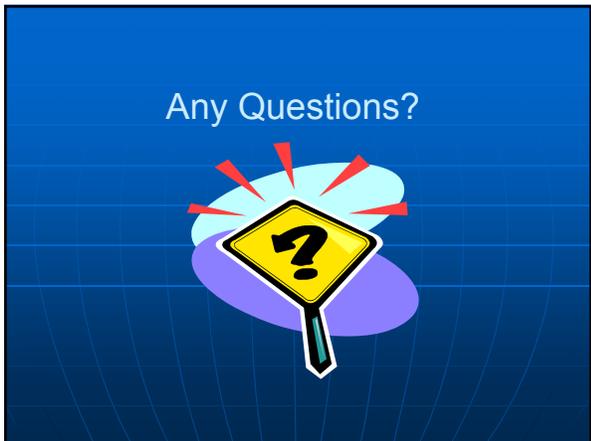
- Is made to obtain a more thorough a process of assessment and evaluation,
- The mental health provider should understand the "culture" of the Boy Scouts, and
- should have specialized training/experience in post-traumatic stress.

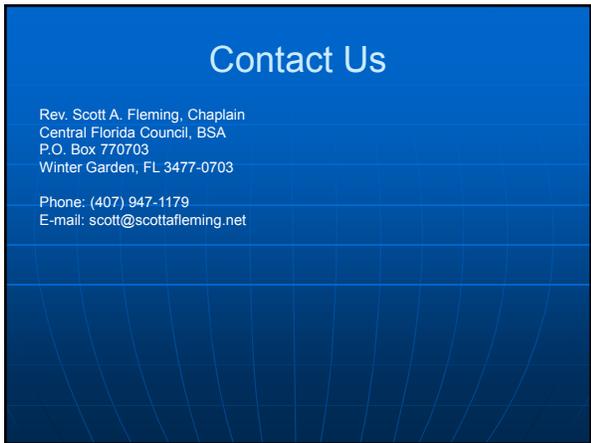
Follow-up ...

- Essential element in all CISM interventions.
- Can be made by:
 - * Phone calls
 - * Troop Visits
 - * Home visits

All CISM Interventions Are Strictly Confidential!







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