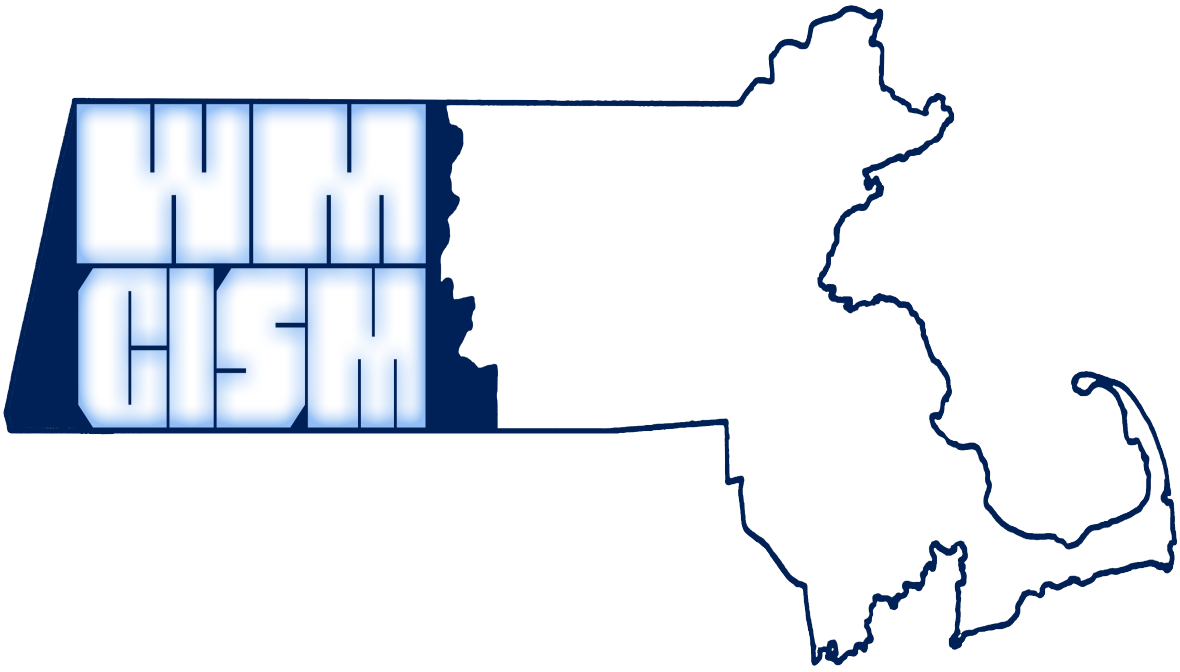
Critical Incident Stress Management (WMCISM) Team

Guidelines and Protocols



WMCISM

Guidelines and Protocols

Table of contents

Western MA Critical Incident Stress Management Team

Protocol and Procedure Manual

Mission:

The objective of Western MA Critical Incident Stress Management, herein after referred to as WMCISM, is to provide professional intervention after critical incidents to minimize stress-related injury to emergency services personnel. The Western Massachusetts WMCISM Team serves law enforcement, fire and rescue, dispatch, other health care personnel within the Western Mass Region. All other requests are referred to the appropriate entity.

Purpose:

The following material are the procedures and guidelines outlining the intent and process to make available to Emergency Response Personnel in a critical incident a means to reduce the physical, emotional, and mental anguish associated with an abnormally stressful event.

Background:

Case studies conducted by medical groups of major incidents where numerous injuries or fatalities occurred have revealed that significant numbers of emergency services personnel experienced some form of stress related symptoms following the incident. Many of these symptoms were transitory and most personnel had no long-term detrimental effects. However, even with these personnel, they report that they find it helpful to talk with peers and process their experience. These studies, however, have also revealed that a small percentage of personnel do experience continuing, long-term detrimental effects resulting from this exposure to the incident. Some of these effects have been delayed, surfacing later after a period of no apparent symptoms. Without professional intervention, these personnel have experienced declining work performance and deterioration of family relationships, separating themselves from public service, as well as increased health problems.

Definitions:

Critical Incident: defined as: Any situation faced by emergency service personnel that causes them to experience unusually strong, emotional reactions which have the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the emergency worker.

Services Offered: (There is no fee associated with these services.)

The type of intervention conducted depends upon the circumstances of a particular incident. The following is a listing of the interventions most commonly utilized, singularly or in combination:

Defusing: A defusing is a shortened version of a debriefing. It takes place within hours of the incident. It usually lasts from 45-90 minutes. A defusing is 'post crisis' or as needed and is provided at the end of an incident by peers, clergy and/or mental health providers. A defusing targets the group closest to the incident.

Debriefing: This service must be requested. This is a structured group process, lasting from 1 to 3 hours and takes place 48-72 hours after the incident has concluded. It is symptom or event driven. The debriefing team: peer ratio is approximately 1:5, all accommodations will be made to benefit everyone. The intent of a debriefing is to mitigate the impact of a traumatic event, to facilitate the recovery process, to draw on the group's relationships for ongoing support and to restore adaptive functioning in all personnel. The seven phase protocol will be followed by both peer member and mental health consultants. A debriefing is ONLY for those individuals who were part of the incident and is not a critique of department operations at the incident, nor will performance be discussed. No one will be forced to talk and debriefings are confidential.

Individual Crisis Intervention 1:1 : Can take place anytime or anywhere (safety and confidentiality is a priority). It is symptom driven and symptom mitigation and assessment is the target with return to function, if possible, and or referral.

Demobilization: Homogeneous Group. Occurs after first exposure before going home, shift change etc. It is 30 minute group intervention for operations personnel who have experienced disasters / large scale incidents.
The process is as follows: Brief introduction by CISM team member. Providing information/stress survival instructions. Asking for questions/comments. Personnel rarely talk in demobilizations'. The information section lasts approximately 10 minutes.
Other suggestions: Allow 20 minutes for rest and food. Personnel released to home or move to new duties. Personnel do not return to disaster site for at least 6 hrs.

Confidentiality:

In order to maintain strict confidentiality, ONLY the following people will be admitted into the debriefing room:

- WMCISM Team members
- Emergency services personnel directly involved to the incident

All information discussed in the meetings is strictly confidential to protect the WMCISM team members and participants.

Team Administration:

The Administrative Coordinator of the Western Mass EMS Council (WMEMS) provides overall administrative support to the Western Mass Region One WMCISM Team. The duties of the Administrative Coordinator include assisting with planning, training, recording all activities, application process, meeting schedules, and any activity to assist the team as necessary.

Appointment to represent the team on the Massachusetts Peer Support Network is by nomination from the committee. The nominee's name and credentials will be forwarded to the State WMCISM Coordinator.

Meetings:

The Western Mass Region One WMCISM Team should meet quarterly, if possible, but shall meet at least semi-annually. The number of members present will qualify as a quorum. The council staff will schedule the meetings and be responsible for the attendance roster and minutes. Team members will be required to attend one half of the scheduled meetings.

Membership Application Process:

The minimum age for applicants is eighteen (18) years of age with at least 3 yrs. experience in their field at the time of the application. The applications are available through WMEMS and completed applications shall be submitted to WMEMS. The applications are forwarded to the WMCISM Team Membership Committee for review and consideration. The WMCISM Team Membership Committee will review all applications, interview all applicants, and approve or deny membership.

WMCISM Team Membership Committee:

The WMCISM Team Membership committee will be composed of the following

- The clinical coordinator or designee
- Two team members

The role of the Membership Committee is to review new applications and interview perspective team members. The membership committee is also charged with the responsibility of approving or denying new applicants. The committee is chosen by the Clinical Coordinator and the term lasts for two years and each position is staggered in years.

General Team Membership Requirements:

All accepted applicants must have completed the minimal training in Individual Crisis Intervention & Peer Support/Group Crisis Intervention certification class or equivalent, in order to be part of the team. In addition, mental health and associate mental health members are encouraged where possible to complete a ride-a-long program with a rescue, fire, and law enforcement agency. This information shall be documented and placed in each individuals file.

All members are strongly encouraged to keep their CISM training ongoing and submit the documentation to WMEMS where the permanent record of each member will be maintained.

Specific Membership Types and Qualifications:

Clinical Coordinator: The Clinical Coordinator must be a mental health professional who has received initial WMCISM training utilizing the standard WMCISM training model. The Clinical Coordinator and or Senior Peer designee will work with the Administrative Coordinator, as needed to determining the need for a formal debriefing if one is requested. The Administrative Coordinator will be responsible for coordinating and managing all requests.

Senior Peer Leader: The Senior Peer Leader may have a non-mental health background but must have received WMCISM training utilizing the approved training model. The Senior Peer Debriefer must be an experienced and active member in good standing of the WMEMS regional WMCISM Team. The Senior Peer Debriefer should be familiar with all fire, rescue, and police agencies and their functions. The Senior Peer Debriefer shall work with the Clinical Coordinator, Assistant Coordinator and Administrative Coordinator as needed. The Senior Peer Debriefer shall work with the Clinical Coordinator in establishing public relations/education programs to be presented to rescue, fire, and police agencies upon request. The Senior Peer Leader is responsible for working with the Clinical Coordinator in establishing training programs for peer debriefers on the Team. The Senior Peer Debriefer will be acting Clinical Coordinator in the event that the Clinical Coordinator is not available.

Mental Health Members: Mental Health team member consultants shall consist of individuals who have a minimum of a Masters Degree in a mental health field. All Mental Health consultants shall have received CISM approved training before participating as a team member. The Mental Health consultants, after observing and assisting with a debriefing, may then lead a formal debriefing when requested to do so by one of the Clinical Coordinators. All functions/assignments of the Mental Health consultants are determined and coordinated by the Clinical director.

Associate Mental Health Members: Associate Mental Health team members shall consist of individuals who do not have a Masters Degree in a mental health field. These persons have a minimum of three years of delivery experience in their area and include pastors, registered nurses, and criminal justice degrees. All Associate Mental Health Debriefers shall have received WMCISM training utilizing the approved training model before participating as a Team member.

Peer Members: Peers shall consist of individuals who do not have a minimum of a Masters Degree in mental health (i.e. rescue squad member, firefighter, EMTs, police officer, Clergy, RN, etc.). The WMCISM Team is a "peer driven" team; thus peers are leaders with interventions and other responses. All Peers must receive WMCISM approved training before participating as a Team member.

Debriefing Team: The WMEMS debriefing team is composed of the above group of individuals.

Procedures:

Critical Incident Assessment: Any incident faced by emergency response personnel that causes them to experience unusually strong emotional involvement may qualify for "Critical Incident Stress Debriefing", "Defusing", "One on One" etc.. What constitutes an overwhelming experience is subject and differs between individuals and service teams, however the following are typical examples of incidents that may signal a need:

1. Serious injury or death of an emergency personnel working at an incident, in route to an incident, or any other operations (i.e. training).*

2. Mass Casualty Incidents

3. Suicide of a crew member

4. Serious injury or death of a civilian resulting from emergency operations (i.e. ambulance accident), etc.*

5. Death of a child, or violence to a child*

6. Loss of life of a patient following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts by emergency personnel

7. Incidents that attract extremely unusual or critical news media coverage

8. Any incident that is charged with profound emotion

9. An incident in which the circumstances were so unusual or the sights and sounds so distressing as to produce a high level of immediate or delayed emotional reaction

10. Fear of injury or death as a result of work

11. Unexpected death

* Indicates high priority for minimizing personnel exposure at the scene.

Notification/Activation of the Debriefing Process:

All emergency services personnel have the responsibility for identifying and/or recognizing significant incidents that may qualify for a debriefing. When an incident is identified as a "critical incident", a request for a debriefing should be made as soon as possible, preferably within 48-72 hours of the incident. Anyone can make this request, but then must move through the requesting agencies proper command channels.

As soon as possible after identification for the potential need of a debriefing, the WMCISM Team should be notified utilizing the identified procedure. Requests should go through the WMEMS office (413)586-6065

The following information will be helpful when calling to request a debriefing or defusing:

1. Name and title

2. Information about the incident that led to the call, including

- date and time of incident
- duration of incident
- number of emergency services personnel involved and their level(s) of training
- number of victims/patients
- disposition of victims/patients
- type of incident
- call back number
- suggested time and place for debriefing

Procedures when a request is received:

1. The Team's On Call Senior Peer Leader will be contacted by WMEMS staff.
2. The WMCISM Team will be contacted by either the Administrator coordinator or the on-call Senior Peer Leader.
3. The Leader will contact and confirm the time and place for the debriefing with the requesting party.
4. The Leader will call back with the time and place for the debriefing if necessary.
5. While the debriefing is in session, no pictures, tapes, or notes will be taken by anyone in attendance. Attendance/participation should not affect an individual's employment. Media will not be allowed to attend the meetings. Only individuals who participated in the incident, which includes dispatchers, will be allowed to attend the meeting. (There may be times when other members of an extended event, such as ER personnel would request to be apart of a debriefing,

This should only be made with the agreement of the local service chief and EMS coordinator.) All information pertaining to the meeting shall remain confidential.

6. The Leader will report the event to WMEMS for reporting purposes.
7. Follow-up calls will be made within one week of debriefing by the Lead Debriefer to check the status of emergency services personnel involved in the incident.
8. Follow-up will also be done with the Debriefers that held the debriefing.

Location of Debriefing:

Debriefings may be conducted anywhere that provides ample space, privacy, and freedom from distractions. Selection of the site will be mutually determined by the Team Lead and requesting agency.. The location may be on-site or a local building suitable to the Team Coordinator and Emergency Personnel.

Debriefing Attendance:

Attendance to a debriefing is extremely important for all initial responding personnel who were directly exposed to the traumatic aspects of an incident selected for debriefing. No one should be coerced in attending a debriefing. If you have a particular concern about an emergency responder after the debriefing, please let one of the mental health debriefers and Lead know about your concern.

Team Operations:

1. Deployment for Peer Support:

a. Active (Operational) Incident:

- Only Peers that have received Individual CISM training will be deployed*. Peers who are or have been involved in the incident through their department or service are not eligible for deployment to that incident and shall not participate as a CISM Peer or Team member.*
- Peer deployed by Team Leader(s) should report to the incident commander or if instructed by the incident commander, a location away from the incident such as a station, community center, staging areas or rehab station.
- *Peer should stay clear of a working incident and only enter the area of operations/investigation with permission of the Incident Commander.*
- Peer's primary duty is to offer emotional support, encourage responders to engage in self care (food and hydration), be available for them to talk at their discretion, and provide basic resource information support services (simple handout or business card). *Do not attempt to offer stress management education in a formal manner at the scene or during an active incident.*
- If a peer determines that it may be beneficial for a person involved in the incident be dismissed from the scene the peer should first discuss the idea with that person and offer to talk with the incident commander to request that they be relieved of their duties.

- Always provide an escort for individuals who are leaving the scene if they are having trouble with the incident. Never leave them alone.
- *Never leave the scene without informing the Incident Commander* that you are leaving.
- *Give the Team Leader updates* as to the status of the incident, requests made by the incident commander for demolilization or defusing services, anticipated duration of the incident to determine if relief or additional peers needed, and when you terminate your service as a peer.

b. Post Incident Defusing / Debriefing:

- Peers who have responded to an incident are considered part of that incident and should not be place on team to provide defusing or debriefing for that incident.
- Peers should be provided a defusing or debriefing separate from the responders involved in the incident.
- Peers should never self deploy back to the scene, to the departments or responders connected to the incident.

c. Self Deployment, participation in informal defusing or debriefing

- Under no circumstance is a member of the WMCISM to self deploy to an incident or an affected department or service.
- Members of WMCISM are not to contact a department, incident commander, of individuals who have responded to the incident to offer services unless directed by the Team Leader. *If you are aware of an incident and are concerned for services to be offered call the Team Leader and inform them of your concern.*
- Members of the WMCISM work as a team to offer the standard of care and prescribe to the CISM standards. There is no provision within the standard for informal defusing or debriefing.

Statistical Documentation:

Upon completion of the debriefing, defusing, one-one, the Team Leader will call or email (WMEMS) with the statistical report within 24 hours. Information submitted will include event date, action date, nature of activity, role of attendees, total present, number of peers/clinicians and reason for WMCISM. The leader will summarize how the response went and note any concerns or problems that may have arisen. No identifying information regarding providers is ever disclosed.

One week after a debriefing, the WMCISM member who led the debriefing will call the initiating agency contact person to determine the status of the persons who participated in the debriefing. If any problems exist, another formal debriefing or one-on-one may need to be scheduled.

Amendment of Administrative and Operational Guidelines:

The Administrative Coordinator and or Clinical Coordinator has the power to change or amend any part of the policy to ensure a safe and functional WMCISM Team responds to the request of fire, rescue, and police personnel in an efficient and orderly process.

WESTERN MASS EMERGENCY MEDICAL SERVICES

Critical Incident Stress Management Team

Memorandum of Understanding

I (please print) _____, agree to serve as a volunteer member of the Western MA Emergency Critical Incident Stress Management Team (WMCISMT).

I understand that serving requires the following commitments and obligations:

1. To attend and complete the following two courses: *Individual Crisis Intervention* and *Peer Support and Group Crisis Intervention.* (it is recommended that the *Advanced Group Crisis Intervention* course also be considered). For some disciplines, prior experience and course work will be considered. But a basic and grounded knowledge of WMCISM protocol is required.
2. Attend quarterly team meetings, and training events deemed necessary for the team to operate efficiently and professionally.

Revocation/suspension of my team membership may occur under the following circumstances:

1. Failure to maintain strict confidentiality, including but not limited to:
   - Events at which you represent the Team, such as debriefings, defusings, and one-on-one meetings
   - People involved, personnel present, or topics discussed at any Team intervention or meeting
   - Any breach in confidentiality will result in immediate removal from the team and program.
2. Failure to follow established protocols and directives regarding WMCISM activity, including but not limited to:
   - Appropriate and professional interactions with clients, authorities, and WMCISM personnel
   - Misrepresentation of the affairs or operations of the WMCISM program
   - Acting against the express direction of a Team Leader, Program Coordinator or Clinical Director
3. Acting on behalf of the WMCISMT without prior knowledge and approval of the Team Leader, Program Coordinator, and/or Clinical Director, including but not limited to:
   - Organizing or attempting to organize a debriefing or other protocol
   - Organizing or attempting to organize a management activity or program
   - Self-deploying to an incident scene
4. Failure to attend w/out notice scheduled WMCISM meetings, including but not limited to:
   - Debriefings or other protocols you have agreed to attend
   - Habitual absence from Team meetings or training events

The WESTERN MA EMERGENCY SERVICES WMCISM PROGRAM agrees to provide:

- information as pertains to training opportunities as they become available
- administrative support
- debriefing of the team member or members after a CISD when necessary or requested
- continued evaluation of our team as to operation and personnel
- maintenance of quality standards and confidentiality in team personnel
- WMCISMT identification
- team meetings
- information and updates on the topic of WMCISM related issues

I agree to voluntarily resign from this team at such time when personal and/or professional commitments do not permit compliance with all aspects of this Memorandum.

Volunteer signature:_____ Date:_____

Program Coordinator signature: _____ Date:_____

Program Coordinator (print name) _____

WESTERN MA EMERGENCY MEDICAL SESRVICES

Critical Incident Stress Management

VOLUNTEER INFORMATION APPLICATION

Please return completed form to:
WMEMS
168 Industrial Park Drive
Northampton, MA. 01060

(PLEASE PRINT)

PERSONAL INFORMATION

Last: _____ FIRST: _____ MI: _____

Mailing Address: _____

City / State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Pager #: _____ E-Mail: _____

Service Affiliation: _____

Title / Position: _____

Are you presently in a Emergency Position? _____ How many years? _____

CISM EXPERIENCE AND TRAINING (use back of sheet if necessary)

Have had CISM training? _____

Do you have experience in providing any of the following: individual counseling, small group work, stress management?

Please list trainings or applicable education and dates:

What exposure, if any, have you had to emergency medical situations, psychological crisis, multiple trauma or mass casualty incidents?

EMPLOYMENT INFORMATION

Current Employer _____

Title / Position _____ Full time / Part Time _____

Company Address _____

Dates of Employment _____

Previous work experience _____

_____

EDUCATIONAL INFORMATION

High School _____ Yr of Graduation _____

College _____ Yr of Graduation _____

Post Graduate _____ Yr of Graduation _____

REFERENCES
(list three professional references, not related to you, and include address and telephone numbers)

1.

2.

3.

SCHEDULE OF RECENT EXPERIENCE

Instructions: Think about each possible life event listed below and decide how many times, if at all, each has happened to you within the last year. Write that number in the Number of Times column. (Note that if an event happened more than four times, you would still give it a 4 in that column).

Event	*No. of times*	*X*	*Mean Value*	*=*	*Your Score*
1. A lot more or a lot less trouble with the boss.		X	23	=	
2. A major change in sleeping habits (sleeping a lot more or a lot less or a change in time of day when you sleep).		X	16	=	
3. A major change in eating habits (eating a lot more or a lot less or very different meal hours or surroundings).		X	15	=	
4. A revision of personal habits (dress, manners, associations, and so on).		X	24	=	
5. A major change in your usual type or amount of recreation.		X	19	=	
6. A major change in your social activities (e.g. clubs, dancing, movies, visiting, and so on).		X	18	=	
7. A major change in church activities (attending a lot more or a lot less than usual).		X	19	=	
8. A major change in the number of family get togethers (a lot more or a lot fewer than usual).		X	15	=	
9. A major change in your financial state (a lot worse off or a lot better off).		X	38	=	
10. Trouble with in-laws.		X	29	=	
11. A major change in the number of arguments with spouse (a lot more or a lot fewer than usual regarding child rearing, personal habits and so on).		X	35	=	
12. Sexual difficulties.		X	39	=	
13. Major personal injury or illness.		X	53	=	

14. Death of a close family member (other than spouse).		X	63	=	
15. Death of spouse.		X	100	=	
16. Death of a close friend.		X	37	=	
17. Gaining a new family member (through birth, adoption, oldster moving in, and so on).		X	39	=	
18. Major change in the health or behavior of a family.		X	44	=	
19. Change in residence.		X	20	=	
20. Detention in jail or other institution.		X	63	=	
21. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, and so on).		X	11	=	
22. Major business readjustment (merger, reorganization, bankruptcy, and so on).		X	39	=	
23. Marriage.		X	50	=	
24. Divorce.		X	73	=	
25. Marital separation from spouse.		X	65	=	
26. Outstanding personal achievement.		X	28	=	
27. Son or daughter leaving home (marriage, attending college, and so on).		X	29	=	
28. Retirement from work.		X	45	=	
29. Major change in working hours or conditions.		X	20	=	
30. Major change in responsibilities at work (promotion, demotion, lateral transfer).		X	29	=	
31. Being fired from work.		X	47	=	
32. Major change in living conditions (building a new home or remodeling, deterioration of home or neighborhood).		X	25	=	
33. Spouse beginning or ceasing to work outside the		X	26	=	

home.					
34. Taking out a mortgage or loan for a major purchase (purchasing a home or business and so on).		X	31	=	
35. Taking out a loan for a lesser purchase (a car, TV, freezer, and so on).		X	17	=	
36. Foreclosure on a mortgage or loan.		X	30	=	
37. Vacation.		X	13	=	
38. Changing to a new school.		X	20	=	
39. Changing to a different line of work.		X	36	=	
40. Beginning or ceasing formal schooling.		X	26	=	
41. Marital reconciliation with mate.		X	45	=	
42. Pregnancy.		X	40	=	
Your Total Score:					

Scoring:

- ✓ Multiply the mean value by the number of times an event happened, and enter the result in the Your Score Column.
- ✓ Add up your scores to get your total score and enter it at the bottom of the schedule. (Remember, if an event happened more than four times within the past year, give it a 4 in the Number of Times column. A 4 is the highest number that can be used in the Number of Times column).

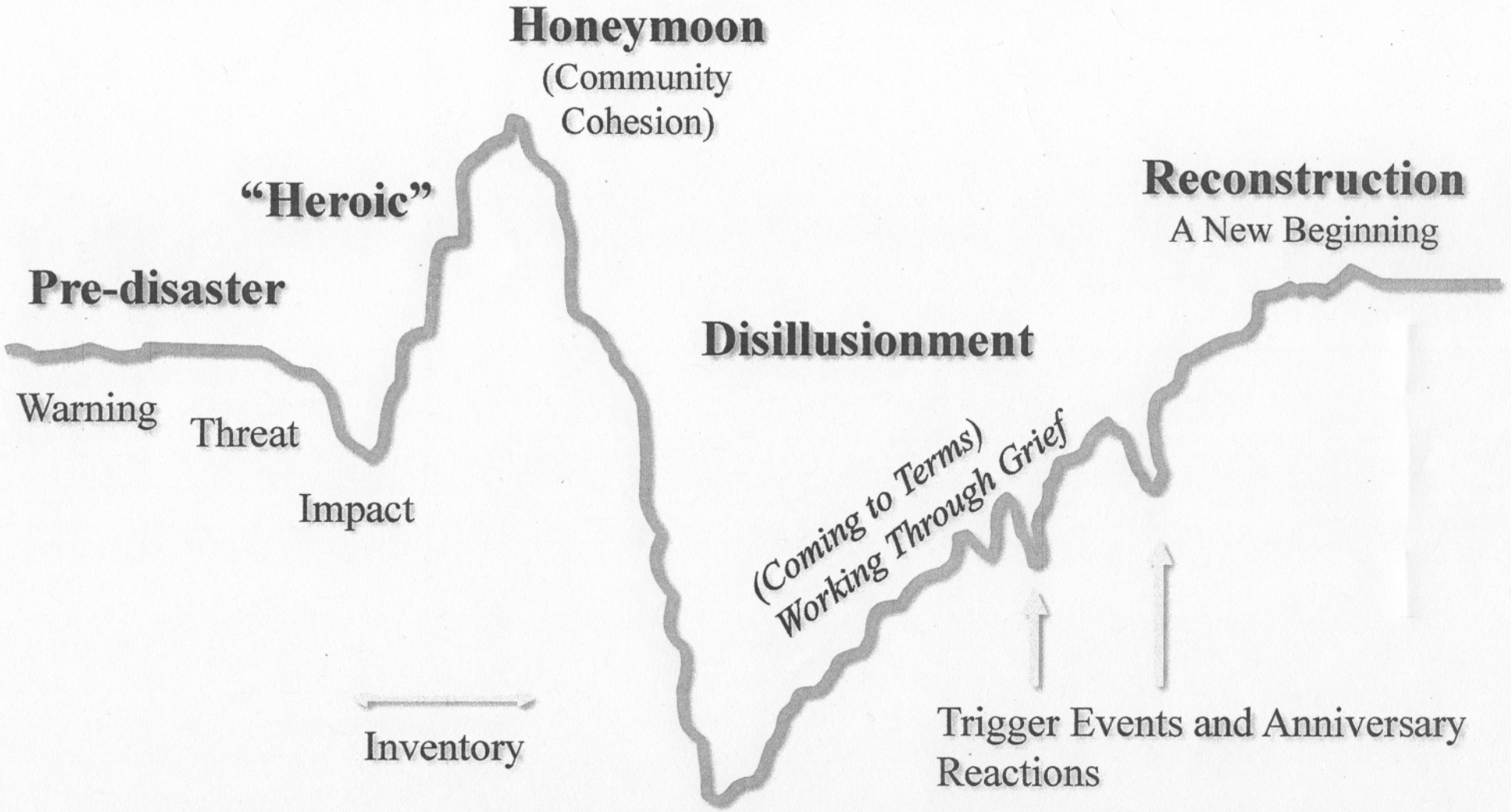
The higher your total score, the greater your risk in developing stress-related symptoms or illnesses. Of those with a score of **over 300** for the past year, almost 80% will get sick in the near future. Of those with a score of **200-299**, about 50% will get sick in the near future. Of those with a score of **150 – 199**, about 30% will get sick in the near future. A score of **less than 150** indicates that you a low chance of becoming ill. The higher your score the harder you should work to manage stress and stay well.

APPENDICES

1. CHART: TYPICAL PHASES OF DISASTER
2. CHART: CRITICAL INCIDENT INTERVENTION TIMELINE
3. CHART: CISM INTERVENTIONS
4. CHART: STRESS REACTIONS (2)
5. INFORMATION FOR SIGNIFICANT OTHERS

#1

Typical Phases of Disaster



Zunin/Meyers

Summary of Commonly Used Crisis Intervention Tactics

INTERVENTION	TIMING	TARGET GROUP	POTENTIAL GOALS
Pre-event Planning/ Preparation	Pre-event	Anticipated target / victim population	Anticipatory guidance, foster resistance, resilience.
Assessment	Pre-intervention	Those directly & indirectly exposed	Determiniation of need for intervention.
Strategic planning	Pre-event and during event	Anticipated exposed and victim populations	Improve overall crisis response.
Individual Crisis Intervention (including "psychological first aid")	As needed	Individuals as needed	Assessment, screening, education, normalization, reduction of acute distress, triage, and facilitation of continued support.
Large Group Crisis Intervention			
* Demobilization	Shift disengagement, end of deployment	Emergency personnel	Decompression, ease transition, screening, triage education and meet basic needs.
* Respite center	Ongoing, large scale events	Emergency personnel, large groups	Respite, refreshment, screening, triage and support.
* Crisis Management Briefing (CMB) and large group "psychological first aid"	As needed	Heterogeneous large groups	Inform, control rumors, increase cohesion.
Small Group Crisis Intervention			
* Small Group Crisis Management Briefing (sCMB).	On-going and post-event; may be repeated as needed	Small groups seeking infomation / resources	Information, control rumors, reduce acute distress, increase cohesion, facilitate resilience, screening and triage.

Summary of Commonly Used Crisis Intervention Tactics

INTERVENTION	TIMING	TARGET GROUP	POTENTIAL GOALS
Small Group Crisis Intervention (continued)			
* Defusing (and small group "psychological first aid")	On-going events and post-events (≤12 hours)	Small homogeneous groups	Stabilization, ventilation, reduce acute distress, screening, information, increase cohesion, and facilitate resilience
* Group debriefing (CISD, PD, NOVA MSD, CED, HERD)	Post - event; ~ 1 - 10 days for acute incidents, ~ 3 - 4 weeks post - disaster recovery phase	Small homogeneous groups with equal trauma exposure (e.g., workgroups, emergency services, military)	Increase cohesion, ventilation, information, normalization, reduce acute distress, facilitate resilience, screening and triage. Follow-up essential.
Family Crisis Intervention	Pre-event; as needed	Families	Wide range of interventions (e.g., pre-event preparation, individual crisis intervention, sCMB, CISD or other group processes.)
Organizational / Community Intervention, Consultation	Pre-event; as needed	Organizations affected by trauma or disaster	Improve organizational preparedness and response. Leadership consultation.
Pastoral Crisis Intervention	As needed	Individuals, small groups, large groups, congregations, and communities who desire faith - based presence / crisis intervention	Faith - based support
Follow - up referral	As needed	Intervention recipients and exposed indivduals	Assure continuity of care

Physical Symptoms of Stress

While each person handles stress differently, the physiology of stress is similar for all of us once we reach our individual stress threshold.

As soon as your brain interprets a situation as threatening, your fight-or-flight reaction (the stress response) kicks in.

Hormones are released and the sympathetic nervous system takes control of your body. Breathing rate increases, blood pressure rises, perspiration increases, and digestion slows down. Your body gets ready for action.

If this stress response becomes chronic, as it often happens in today's fast paced world, the body may respond with some of the following physical symptoms of stress:

- Abdominal pain
- Increased sweating
- Trembling hands
- Tight shoulders and neck
- Lower back pain
- Increased sensitivity to noise and light
- Heart palpitations
- Increased blood pressure
- Raised blood sugar levels
- Insomnia
- Headaches
- Dry mouth
- Cold feet and cold clammy hands

Mental (cognitive) Symptoms

It is not just your body that suffers from too much stress. Body and mind work together. Whatever affects one, affects the other as well.

As the energy of the body during stress response is directed towards basic survival needs, the cognitive (mental) functioning is more disorganized and inefficient. Some of the symptoms of this disorganization are:

- Difficulty making rational judgments
- Forgetfulness
- Confusion
- Problems understanding new information
- Difficulty concentrating
- Problems with decision making
- Fuzzy thinking
- Mind going in circles
- Memory lapses

Emotional Symptoms of Stress

Because mind, body, and emotions are connected, stress can have a profound effect on your emotional well-being. The effects of stress on your emotions range from depression to angry outbursts. Under too much stress even patient and tolerant people can blow up. People who are generally optimistic and happy can become bitter and cynical under too much stress.

Some of the signs that stress is affecting your emotions are:

- Mood swings
- Feeling of hopelessness
- Irritability
- Resentment
- Feeling of powerlessness
- Anxiety
- Depression
- Panic attacks
- Feeling of guilt
- Angry outbursts
- Increased cynicism
- Feeling overwhelmed

Behavioral Symptoms of Stress

Yes, even your behavior is affected by too much stress in your life. Your existing habits are exaggerated during stressful periods of time. For example, if you tend to overeat, you will find that in times of stress you will be overeating that much more. Or, if you are more of an introverted nature, you may find yourself totally isolating during periods of stress.

Some of the behavioral symptoms of stress are:

- Aggressiveness
- Reckless driving
- Short temperedness
- Obsessing (unable to let go of thoughts)
- Edginess
- Overeating or not eating
- Increased or decreased sleeping
- Increased drinking or smoking
- Withdrawing and avoiding social situations
- Nail biting
- Hair pulling
- Restlessness

Critical Incident Stress Reactions

Over the next month you may experience normal reactions to the kind of experience you have had which may include:

Physical Reactions	Cognitive Reactions	Emotional Reactions	Behavioral Reactions
Fatigue/exhaustion	Lack of concentration	Fear	Change in activity
Insomnia	Flashbacks	Guilt	Change in communication
Sleep disturbances	Difficulty with decisions	Emotional numbing	Withdrawal
Over/Under activity	Memory disturbance	Over sensitivity	Suspiciousness
Nightmares	Amnesia	Anxiety	Hyper-alertness
Change in appetite	Confusion	Depression	Startle reflex
Digestive problems	Poor problem solving	Feeling helpless	Change in sexual behavior
Physical problems	Disturbed thinking	Anger	Emotional outbursts
Headaches	Poor abstract thinking	Irritability	Scapegoating
Nausea	Change in alertness	Frustration	Pacing

These reactions are normal and, although painful, are part of the normal healing process. There is not a lot anyone can do to make you not experience these uncomfortable feelings but there are some things you can do to feel more whole.

Things to try:

- ☐ Within the first 24 - 48 hours, periods of strenuous physical exercise alternated with relaxation will alleviate some of your physical reactions.
- ☐ Structure your time - keep busy.
- ☐ You're normal and having normal reactions - don't label yourself as crazy.
- ☐ Talk to people - talk is the most healing medicine.
- ☐ Beware of numbing the pain with drugs or alcohol. You don't need to complicate this with a substance abuse problem.
- ☐ Reach out - people do care.
- ☐ Keep your lives as normal as possible.
- ☐ Spend time with others.
- ☐ Help those around you as much as possible by sharing feelings and checking out how they are doing.
- ☐ Give yourself permission to feel rotten.
- ☐ Keep a journal - write your way through those sleepless hours.
- ☐ Do things that feel good to you.
- ☐ Realize that those around you are under stress.
- ☐ Accept offered help.
- ☐ Eat nutritious, well-balanced meals high in carbohydrates and low in sugar.
- ☐ Avoid excessive use of caffeine.
- ☐ Don't make any big life changes.

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Critical Incident Stress
Information Sheet for Significant Others

Your loved one has been involved in an emotion-charged event, often known as a critical incident. He/she may be experiencing normal stress responses to such an event (critical incident stress). No one is immune to critical incident stress, regardless of past experiences or years of service. Your loved one may experience critical incident stress at any time during his/her career.

Important things to remember about critical incident stress:

- The signs of critical incident stress are physical, cognitive, emotional and behavioral. Your loved one has received a handout outlining these signs. Please ask him/her to share it with you.
- Critical incident stress response can occur at the time of the incident, within hours, within days, or even within weeks.
- Your loved one may experience a variety of signs/symptoms of a stress response or he/she may not experience any of the reactions at this time.
- Suffering from the effects of critical incident stress is completely normal. Your loved one is not the only one suffering; other personnel shared the event and are probably sharing the reaction.
- The symptoms will normally subside and disappear in time if you and your loved one do not dwell upon them.
- All phases of our lives overlap and influence each other: personal, professional, and family. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family, and current developmental issues.
- Encourage, but do NOT pressure, your loved one to talk about the incident and his/her reaction to it. Talk is the best medicine. Your primary "job" is to listen and reassure. Remember that if an event is upsetting to you and your loved one, your children may be affected, also. They may need to talk, too.
- You may not understand what your loved one is going through at this time, but offer your love and support. Don't be afraid to ask what you can do that he/she would consider helpful.
- Accept the fact that life will go on: his/hers, yours, and your children. Maintain or return to a normal routine as soon as possible.
- If the signs of stress your loved one is experiencing do not begin to subside within a few weeks, or if they intensify, consider seeking further assistance.

Things to Do: Family Members and Friends

- Listen carefully.
- Spend time with the traumatized person.
- Offer your assistance and a listening ear even if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are "lucky it wasn't worse." Traumatized people are not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

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