

Stress Management Services

Stress

First responders often are exposed to high levels of stress daily. While stressful challenges can make the work extremely rewarding – and sometimes exciting, stress can be difficult to live with, especially when it builds up over time or involves a critical incident.

Critical incidents are *any situation faced by emergency service personnel that causes members to experience unusually strong reactions which have the potential to interfere with their ability to function at the scene or afterwards, while they are on or off duty.* (Mitchell, ICISF)

Some examples of critical incidents include:

- Loss by Death of a Co-worker
- Serious Injury of a Co-worker
- Media Interest in the Event
- Prolonged Events
- Injury or Death of a Child
- Mass Casualty Incidents
- Threats to Personal Safety

A particularly strong reaction or overwhelming response to one highly stress event or cumulative events may lead to physical and emotional illness, behavior change, changes in social interactions and in spiritual beliefs.

Occasionally, this stress can be too much to handle alone, leading responders to experience severe stress reactions and a lack of desire to continue in their chosen profession.

With support provided by specially trained peers, these reactions may be lessened or eased. Sometimes, just being able to talk about the incident either one-to-one, or with other responders alleviates some of this stress. Only then can those affected begin to get back to a “new normal.”

Who Can Request Support?

Any first responder may request a one-to-one meeting with a trained peer counselor from the EMS CISM team by calling the toll-free number. A CISM team contact will be paged for the return call to set up a confidential meeting.

The Incident Commander, head of the organization (or delegated officer) may request CISM support to assist in any phase of one member’s reaction or the unit’s reaction to the crisis. Normally, a request for support occurs after the event or incident is completed. However, the CISM Team may be dispatched to provide support at the Rest, Information and Transition Services (RITS) for a unit that is demobilized during an ongoing event.

The unit experiencing the event always decides whether a CISM team is needed and initiates the call. At no time will a CISM team appear on scene or after an incident, unless specifically invited to do so. CISM teams do not self-deploy. A CISM team member may call to inform the organization of services available, but CISM teams respond only when invited.

Services provided by the CISM team are mutually agreed upon by the team and the requesting contact. Services depend on several factors – including the proximity and severity of the incident, the needs of your group/unit, timing after the incident, and the type of incident and CISM resources available.

If you are unsure about the services that best meet your needs, the WVEMS CISM contact can discuss the incident, responder reactions, and any extenuating circumstances, so that you can mutually determine next steps.

How do I Request a CISM Team?

Simply call the toll—free number (888) 377-7628 (24 hours a day)

Be prepared to provide:

- Brief description of the event
- Number of people *invited* to attend - CISM works best when first responders choose to attend. *The Mitchell Model of CISM does not support required/mandated meetings.*
- Disciplines/professions represented, with any special or specific concerns
- Your contact information

What Does the CISM Team Do?

The team reports to your arranged location - a safe and secure room where the discussion will not be interrupted. No notes or recordings are made nor will the team report contents of a meeting to participants’ superiors/supervisors. A specific protocol is followed. The CISM team follows the protocol established by the International Critical Incident Foundation.

Who Can Attend the Meeting?

Any participant who was directly involved in the incident and who is off-duty is invited to fully participate and benefit from a discussion with peers. Supervisors or management personnel do not attend the same meeting. A separate meeting or one-to-one conversation is arranged for supervisors/officers, and for first responders not directly involved in the incident.

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Who Makes Up the CISM Team?

First responders from emergency services (e.g., fire, rescue, and law enforcement), chaplains, and mental health providers, all of whom have completed special training in Critical Incident Stress Management support services make up the team. Members from most, if not all, services (i.e., fire, rescue, law enforcement) are represented.

In most cases, when the EMS CISM team is invited to provide services, the services are for one-to-one support or for a group meeting. For one-to-one support, a trained peer is matched with the member by discipline and suitable experience. For group meetings, the CISM team brings one peer for about five participants from the same profession. In addition, at least one mental health provider is required. A Chaplain is available, as well, and is incorporated routinely into the team. Chaplains do not take the place of the mental health provider, but complement the existing team makeup.

What Services Are Provided?

Pre-Incident Education – This session prepares first responders about what to expect before and after encountering a stressful event. This session also offers basic coping skills helpful in getting back to a “new normal” at home and work. It is offered in the basic Emergency Medical Technician curriculum under Self-Care, at business meetings and special training meetings.

Rest, Information Transition Services (RITS) – After a mass disaster responders who are demobilized and/or transitioning from the disaster scene to home or work are offered rest, information and transition services. They are provided refreshments and invited to speak one-to-one with a trained peer or participate in an informational discussion. This usually takes about 30 minutes.

One-to-One Peer Support – One-to-One Peer Support is offered on an “as needed” basis to any first responder who wants to talk about his or her reactions to a call and its impact on daily functioning. The CISM team member is trained to listen and to assist the individual in problem solving and getting back to a “new normal.”

Defusings – A Defusing is a brief group discussion about 20-45 minutes in length and normally occurs within 12 hours of a critical event. A defusing often occurs at shift change or when the staff is relieved from duty. The defusing is for individuals responding directly to the incident and may include fire, rescue, and law enforcement in the same meeting. The main purpose of the Defusing is to inform responders about reactions they may experience during the next 24-72 hours, answer any questions or concerns, and help prepare for the next 2-3 days. After the Defusing, one-to-one support is offered and the group is informed that a Debriefing (see description below) may be held as a follow-up.

Debriefings – Debriefings are structured small group discussions conducted 24 – 72 hours after a critical incident. They one to two hours, depending on the size of the group. The goal is to allow participants to relate their experiences and reactions during the event and hear about the experiences of others, hopefully “fitting the pieces of the puzzle together.”

This is NOT an operational debriefing, an After-Action Report, or psychotherapy. It is held specifically for emotional support of the responder(s) so that members can begin to work together to build support for each other and get back to that “new normal.” Only responders on the call who underwent about the same experience are included.

Crisis Management Briefing – Known as a Town Hall Meeting, this meeting helps to re-establish a sense of community and cohesion. An individual familiar to the responders, usually the person in charge or a person who already has an established relationship with the group, conducts the meeting. The purpose is a “push” of information to ensure that everyone has the same, up-to-date information on the incident, what has happened since the incident, and future, including when members can expect to receive the next update (i.e., day, date, time) and ways to receive the update (i.e., face-to-face meeting, telephone call-in, skype). “Need-to-know” information and elimination of rumors is the outcome expected.

Referrals – The WVEMS CISM team can make referrals to area mental health providers who are specifically trained to work with first responders as well as referrals to chaplains who are trained in CISM.

All contents of stress management meetings are confidential under the Code of Virginia, Article 1 of Chapter 16, Title 19.2-271.4.



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