Critical Incident Stress Debriefing

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Psychological Response

Mitigating Factors
Assist in the management of the disaster

Critical Incident

- "Any event which has sufficient emotional power to overwhelm a person's usual ability to cope Jeff Mitchell," Ph.D.

Disaster Typologies

- Natural Disasters are ecological events that may have a preparatory period
- Human-caused Disasters have a direct, identifiable human action as their proximal cause:
  - Complex: war, civil strife, combined with natural
  - Technological: industrial accidents, explosions, dirty-bombs
  - NA-Tech: Natural disaster triggers a weakness in the infrastructure

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Disaster Characteristics

- If you've seen one disaster…
-   You have seen one disaster

- Psychological Response to Disasters is affected by:
  - Onset: Sudden, without warning, minimal preparatory time, prolonged anticipation
  - Duration: brief or prolonged
  - Scope: limited, expansive geographical coverage
  - Impact: population, community infrastructure

Disaster Phases

- Warning / Threat
- Rescue
- Honeymoon
- Disillusionment
- Recovery and Reconstruction

Disaster Phases: Warning

- With no warning survivors may feel more vulnerable, unsafe
  - "no control" to protect selves or loved ones

- With warning, some may become overwhelmed by the anticipation and preparation
  - Persons who fail to heed the warning may have self-recrimination and guilt over negative outcomes to others

Disaster Phases: Rescue

- Range of Responses:
  - Stunned, psychological shock
  - Panic or hysteria NOT commonly seen
  - Heroic risk taking and strength
  - Anxiety, particularly when separations happen
    - Children at school, Adults at work
  - Disorientation, particularly among elderly & special populations
  - Pets become a factor in evacuation
  - First responders need to know their families are being provided

Disaster Phases: Honeymoon

- Saturated with disaster-response personnel
- Community & survivor bonding
  - Sharing of experiences
  - Receipt of support
  - Optimism regarding recovery… which needs to be monitored for realistic expectations
- Comprehension of magnitude of changes
- Attention to basic needs are a priority
- Profound admixture of thankfulness for relief, compounded by sadness regarding losses

Disaster Phases: Disillusionment

- Limitations of disaster assistance become evident
  - Discouragement, fatigue associated with relocation and changes in life patterns
  - "Business as Usual" resentment towards non-impacted areas
- Responding agencies / personnel withdraw
  - Survivors become resentful at being abandoned
- Stressors associated with family discord, bureaucratic hassles, time constraints, reconstruction efforts and lack of recreation or leisure time emerge
- Stress-related symptoms begin to emerge

Disaster Phases: Reconstruction Recovery

- "Light at the end of the Tunnel"
- Reconstruction of property and psychological well-being may take years
- With each new part of the infrastructure, recognition of what has been lost emerges
  - Integration of the new is balanced by grieving of losses
- Subset of survivors who are unable to adapt in personal, family, occupational lives emerge with disaster-related psychopathology

Person Characteristics contributing to perception, coping and recovery from disaster

- Meaning survivor assigns to the disaster
- Survivor's inherent personality style and defensive style
- Survivor's world view and spiritual beliefs
- Experience with losses or disasters
- Financial resources
- Social support
- Ability to tolerate and cope with disruption and loss
- Preexisting health or emotional problems
- Concurrent stressful life events
- Cultural experience and ethnic background
- Age (40 – 60 more at risk, competing demands)
- Single (greater risk) vs married (More marital conflict)

Mental Health Effects of Disasters

- Metanalysis of 225 published disaster samples & 132 events (Norris, Fran., 2005)

- Outcomes included PTSD, Depression, Anxiety, nonspecific distress, & Health Problems

- Intrusion and arousal (high prevalence), & avoidance less so

- People who were from developing countries and those who experience mass violence are worse off (terrorism, shooting sprees)

- Rescue and recovery workers show remarkable resilience

Severity of disaster and impact

- Low impact disasters: 1994 Northridge earthquake Los Angeles

- Moderate impact disaster: Hurrican Hugo, 9/11 attacks

- High Impact: Hurricane Andrew, Exxon Valdez oil spill

Goals of debriefing

- To reduce the impact of a critical event

- To accelerate the normal recovery of normal people who are suffering through normal and painful reactions to abnormal events.

Other benefits

- A chance to ventilate feelings

- Provide stress reduction education

- Reduce the fallacy of abnormaility

- Positive intervention with counselling staff and/or the behavioural health professions

- Enhance group and organizational cohesiveness
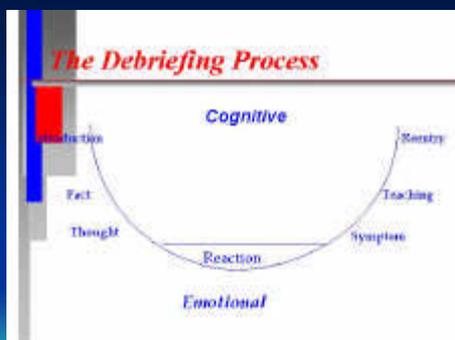
- Defusings occur up to 24 hours after the incident

- Debriefings occur 24 to 72 hours after the incident

- A 7- step process is strictly followed

Effectiveness of CISD

- Kaplan, Iancu & Bodler (2001): CISD is a popular intervention for disaster workers and victims of traumatic events. However, not enough clinical data are available to ascertain its effectiveness in preventing posttraumatic morbidity.
- Kenardy, J.(2000. BMJ): - 8 randomized trials found no evidence that debriefing had any impact on psychological morbidity
- - distress after trauma typically reduces over time, stabilising at levels proportional to the initial traumatic event
- - Not only does the evidence indicate that CISD does not accelerate the downward trajectory of distress, but it also indicates that debriefing might prolong the process of recovery
- An exposure that is too brief may exacerbate rather than

CISD effectiveness

- Van Emmerick et al (2002):Metanalysis: CISD might interfere with intrusive and avoidant behaviour that might be a natural coping mechanism of trauma.
- CISD might not allow for normative habituation of trauma
- Group based CISD might expose non traumatised persons to trauma vicariously
- Everly & Boyle (1999): metanalysis: Large effect size. CISD is an effective treatment in reducing PTSD symptoms.
- While still potentially useful, the methodological and theoretical operants in the CISD intervention are not yet soundly developed.

Psychological Response

Provide Psychological First Aid to impacted persons

Risk & Protective Factors

Risk

- Female Gender
- Age 40 to 60
- Early Life Trauma
- Family Discord or Conflict
- Lower Educational Level
- Poverty
- Pre-existing personal or family history of psychiatric disorder or substance abuse
- Severe exposure
- Secondary stress & resource loss

Protective

- Strong social support network
- Higher income & education
- Successful mastery of past disasters / traumatic events
- Consistent, appropriate information re: expectations & availability of services and resources
- Prior training / experience relevant to coping

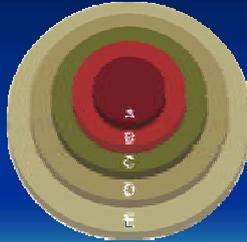## Risk Factors: Population Exposure Model
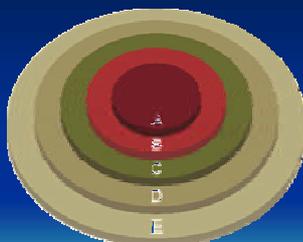
Risk Factors: Population Exposure Model

- A: Community members killed, bereaved family members & other loved ones, close friends of the survivors / impacted individuals

- B: Uninjured community members exposed to the incident and disaster scene

Risk Factors: Population Exposure Model

- **C**: Extended family & friends
  - First responders
  - Rescue & recovery workers
  - Medical examiner's office staff
  - Service providers immediately involved with bereaved families
  - Persons obtaining information for body identification and death notification

Risk Factors: Population Exposure Model

- **D**: Mental Health & crime victim assistance providers
  - Clergy
  - Emergency health care providers
  - Government officials
  - Members of the media

- **E**: Groups that identify with the target-victim population
  - Businesses impacted
  - Community at large

Psychological First Aid

Psychological First Aid

- Assess not Diagnose
- Support the strengths of the individual
- It's not WHAT you do, but HOW you do it!
  - Warmth & Compassion
  - Approachable
  - Be the "Go To Guy"
  - Blend in to the setting

Psychological First Aid

- Physiological Needs
  - Shelter, food, water, warmth, sleep
- Safety Needs
  - Protection, limits and stability
- Belonging Needs
  - Linkages to other survivors, community supports
- Esteem Needs
  - Responsibility

Psychological First Aid

- Acknowledge and validate feelings and thoughts via "normalizing" stress reactions
  - Cognitive distortions (particularly time), intrusive thoughts, flashbacks
  - Decision making difficulties, dissociation, confusion
  - Social withdrawal and conflicts
- Reinforce positive coping strategies
- Empower individuals to make their own decisions
- Support reality-based practical tasks
- Provide access to information
- Connect survivors to support systems

Psychological First Aid

- Psycho-education
  - Anticipate stress reactions
  - Be sensitive to culture/ethnicity
- Psychiatric referral
  - Refer to a higher level of care than what can be provided within a disaster setting (ASD, PTSD, MAJ DEP, GAD)
  - Know local emergency mental health resources and protocols
- Advocacy: Workers
  - Change work assignment/shift
  - Assist in clarifying roles, responsibilities, chain of command
  - Resolve ongoing problems with other workers
- Advocacy: Survivors
  - Negotiate extension of benefits
  - Refer to services or programs

Psychological First Aid

- Children and youth:
  - Be aware of parents' reactions
  - Your approach differs with the age of the child
  - Talk with children about the situation.
    - If you don't know an answer, be honest about it
  - Encourage expression of feelings, but do not push
  - Limit exposure to television which can be re-traumatizing
  - Encourage resumption of normal routines
  - Provide games and activities
  - Encourage children to be part of the recovery
    - Assign tasks in shelters, help with meals
  - Be sensitive to culture/ethnicity

Psychological First Aid

- Older adults
  - Disaster may elicit previous traumas
  - Fear of loss of independence and dignity
  - Financial resources often limited
  - Loss of special possessions
  - Be aware of physical illnesses and accommodate limitations

- Cultural, ethnic, or religious groups
  - Language barriers… Use interpreters when possible
    - Cautious use of family members
  - Issues of authority and power… Identify head of household
  - Role of community… indigenous resources
    - Poospautuk Nation, Undocumented individuals
  - Recognize attitudes, customs, beliefs and traditions towards death and loss

Recovery

Stabilization and return of community to pre-impact status.

Implementation of intermediate & long-term mental health interventions