

# CRISIS INTERVENTION

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CRITICAL INCIDENT STRESS MANAGEMENT

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# Definition



- **Critical Incident:** a stressful event that holds the potential to overwhelm one's usual coping mechanisms
- Has a powerful emotional impact on a rescuer
- Potentially resulting in psychological distress and possible impairment of normal adaptive functioning or acute stress reactions

# Definitions – Critical Incident

- An event that overwhelms the ability of the Paramedic or the EMS system to cope with the experience (can be at the scene or occur later)
- Everyone reacts to incidents differently
- **Don't judge your colleagues**
- **Simply put it is an event that disrupts normal functions and overwhelms the ability to cope.**
  - *It is an unexpected event*
  - *It disrupts YOUR normal range of experience and YOUR sense of control*
  - *Often involves a threat to life*

# Definitions – Critical Incident

- Critical incidents are uncommon. They may include:
  - *Serious injury or death of an infant or child*
  - *Serious injury or death of a colleague or someone known to paramedics*
  - *Extreme threat to a paramedic*
  - *Disasters, or multiple-casualty incidents*
  - *Injury or death of a civilian caused by paramedic operations*
  - *Incidents that draw unusual media attention*
  - *Prolonged incidents*
  - *Event involving unusual suffering*
  - *Cumulative effect of routine stress*
  - *Any event that has unusual significance for personnel*

Not everyone will find the same incidents traumatic. What affects one person deeply may not affect another the same way—both reactions are valid

# Normal Reactions to Critical Incidents

It's important to recognize that stress reactions following critical incidents are normal, common, and usually resolve with time and support.

## ■ Physical Reactions:

- *Fatigue or exhaustion*
- *Sleep disturbances*
- *Gastrointestinal upset*
- *Headaches*
- *Changes in appetite*
- *Muscle tension*
- *Hyperarousal (feeling "on edge")*

## ■ Emotional Reactions:

- *Shock, disbelief*
- *Anger, irritability*
- *Sadness, grief*
- *Anxiety, fear*
- *Guilt (survivor guilt, "what if" thoughts)*
- *Feeling overwhelmed*
- *Emotional numbing*

# Normal Reactions to Critical Incidents

## ■ Cognitive Reactions:

- *Difficulty concentrating*
- *Confusion or disorientation*
- *Intrusive thoughts or images*
- *Difficulty making decisions*
- *Memory problems*
- *Replay of the incident*
- *Questioning abilities*

## ■ Behavioral Reactions:

- *Social withdrawal*
- *Changes in activity level*
- *Increased substance use*
- *Changes in communication patterns*
- *Hypervigilance*
- *Avoidance of reminders*

# Personality Traits of the Rescuer

- Detail oriented
- Action oriented
- Dedicated
- Strong need to be needed
- Risk taker
- Difficulty saying no
- Difficulty asking for help
- Polarized thinker (all or nothing)

# Risk

- We tend to ignore signs and symptoms until it is too late –
  - *Concerns about confidentiality*
  - *Fear of being seen as weak*
  - *Fear of losing out on promotion*
  - *Assume others need more help than YOU do*
- We are slowly seeing a shift in mentality. Sloooooowly

# Definitions

## ■ Critical Incident Stress Management (CISM):

- *is a comprehensive, integrated, systematic, and multi-component crisis intervention system.*
- *interventions usually performed by regional, non-partisan, multi-disciplinary teams and trained mental health workers*
- *A form of psychological first aid*
- *Frequently peers are trained and the first to respond*
- *A critical incident can impact a single crew or an entire agency.*
- *Different services will employ different strategies and programs*
- *Evolving industry*

# Goals of CISM

- Reduce the impact of critical incidents on personnel
- Accelerate normal recovery processes
- Identify individuals who may need additional support
- Restore personnel to effective function
- Provide education about normal stress reactions
- Mobilize resources and support systems
- Promote MH awareness

# CISM is NOT

- Psychotherapy or counseling
- A substitute for professional mental health treatment
- Mandatory debriefing for everyone
- A one-size-fits-all approach

# Principles of Crisis Intervention

1. Simplicity- People respond to simple, not complex issues, during a crisis. Interventions should be simple.
2. Brevity- short contacts from a few minutes up to a maximum of 1 hour. It is typical to have 3-5 contacts to complete crisis intervention work.
3. Innovation- Crisis Intervention providers must be creative to manage unique and emotionally painful situations. Thinking of novel solutions is often necessary.
4. Pragmatism- Suggestions must be practical if they are to work in resolving a crisis.
5. Proximity- Most effective crisis intervention contacts occur closer to the operational zone or in someone's comfort zone. In crisis intervention, we still make "house calls".
6. Immediacy- A crisis reaction demands rapid intervention. Delays cause more pain and complications.
7. Expectancy- When possible, the crisis intervener works to set up expectations of a reasonable positive outcome

# Components of CISM

## 1. Pre-Crisis Education and Preparation

- Training on stress management (like this course!)
- Building resilience before incidents occur
- Understanding what CISM services are available
- Reducing stigma around seeking help

## 2. Individual Crisis Intervention (One-on-One Support)

- Provided by trained peer supporters or mental health professionals
- Can occur at any time—immediately after incident or weeks later
- Confidential, supportive conversation
- Assessment of needs and referral if necessary

# Components of CISM

## 3. Defusings

**Timing:** Within 8 hours of incident (ideally 1-4 hours) **Duration:** 20-45 minutes

**Structure:** Informal, small group (usually crew involved) **Purpose:**

- Vent emotions and reactions
- Normalize experiences
- Assess need for further intervention
- Provide practical information

**Format:**

- Introduction (purpose, confidentiality)
- Exploration (what happened from each person's perspective)
- Information (education about normal reactions, coping strategies)

# Components of CISM

## 4. Critical Incident Stress Debriefing (CISD)

**Timing:** 24-72 hours after incident (allows for initial processing) **Duration:** 2-3 hours

**Structure:** Formal, structured group process **Led by:** Trained CISM team (peer supporters and mental health professional)

### ■ Seven-Phase Structure:

- *Introduction:* Rules, expectations, confidentiality
- *Fact Phase:* What happened? (cognitive level)
- *Thought Phase:* What were your first thoughts?
- *Reaction Phase:* What was worst part for you? (emotional level)
- *Symptom Phase:* What reactions are you experiencing?
- *Teaching Phase:* Education about normal stress reactions
- *Re-entry Phase:* Summary, resources, closure

# Defusing vs. Debriefing

- Defusing's occur shortly after the event (usually <12-24 hrs)
- Last short period of time (20-60 minutes)
- Involve smaller groups of people (6-8 – or size of crew involved)
- Debriefings occur between 24-72 hours after the event
- Last 2-3 hours
- Involves larger groups of people
  - *Homogenous*
  - *heterogenous*
- Formal and more structured

# Components of CISM

- Participation is voluntary but strongly encouraged
- Confidential (what's said in the room stays in the room)
- Not an investigation or operational critique
- No one is required to speak, but everyone benefits from attending
- Follow-up resources provided

# Components of CISM

## 5. Family CISM Services

- Support for family members affected by the incident
- Education for families about what personnel experience
- Helps families support their loved ones
- Addresses secondary traumatization

## 6. Organizational Consultation

- Support for leadership in managing aftermath of incidents
- Policy development
- Addressing organizational culture issues

## 7. Follow-Up and Referral

- Check-ins weeks to months after incident
- Connection to ongoing support resources
- Professional referrals when needed
- Monitoring for delayed reactions

# When to Activate CISM

## Self-Activation

- If you feel overwhelmed or unable to cope
- If reactions persist or worsen beyond a few days
- If you're having thoughts of self-harm
- If substance use increases
- If relationships are significantly affected
- If work performance is impaired
- Any time you feel you need support—don't wait for crisis

## Supervisor Activation:

- After any critical incident affecting crew
- When team members show signs of distress
- When requested by personnel
- Proactively for high-impact incidents

# SAFER-R revised model of Individual Crisis Intervention (ICISF.org)

- Stabilize (introduction; meet basic needs; mitigate acute stressors)
- Acknowledge the crisis (event, reactions)
- Facilitate understanding (normalization)
- Encourage effective coping (mechanisms of action)
- Recovery or Referral (facilitate access to continued care)
  
- Referral? Referral to the next level of care is indicated when asked for or when there is sufficient evidence that the survivor is unable to successfully attend to essential activities of daily living.

# SAFER-R revised model of Individual Crisis Intervention (ICISF.org)

## ■ AN EXAMPLE

- *Introduce yourself*
- *Meet basic needs, stabilize, liaison*
- *Listen to the “story” (events, reactions)*
- *Reflect emotion*
- *Paraphrase content*
- *Normalize*
- *Attribute reactions to situation, not personal weakness*
- *Identify personal stress management tools to empower*
- *Identify external support/ coping resources*
- *Use problem-solving or cognitive reframing, if applicable*
- *Assess person’s ability to safely function*

# CISM – Does it work?

- Still controversial – studies show that there may be benefits but some also show that there is no positive effect
- A 2019 literature review found that while hospital personnel viewed CISD as important, it was still unknown whether it could reduce symptoms of PTSD.
- In a 2021 review, Mitchell suggests that the CISD method is effective for disaster survivors and response teams alike, provided that the facilitators are crisis-trained.
- On the other hand, a 2022 review of studies found that only one study out of nine showed that psychological debriefing is effective in reducing psychological distress after a critical incident.
  - *That literature can be difficult to assess as the exact model used can vary between organizations*
  - *Overall, more research is needed*

# CISM – Does it work?

- Continues to be used across multiple different industries
- Newer approaches are:
  - *Evolving*
  - *New data and research*
  - *Focusing on stress prevention, management, and reduction as well as building resiliency and adaptive behaviours*
  - *Psychological first-aid*
  - *Referral to mental health professionals*

# Barriers to Seeking Help

## Common Barriers:

- *"I should be tough enough to handle this"*
- *Fear of appearing weak*
- *Concern about confidentiality*
- *Worry about career impact*
- *"Other people had it worse"*
- *Masculine culture expectations*
- *Not wanting to burden others*

## Reality Check:

- *Seeking help is a sign of strength and self-awareness, not weakness*
- *CISM and EAP services are confidential*
- *Using support services does not negatively impact your career*
- *Your reaction is about YOU, not about comparing to others*
- *Everyone needs support sometimes—it's human*
- *Taking care of yourself makes you better at taking care of others*

# Supporting Colleagues After Critical Incidents

## What to Do:

- *Check in privately ("How are you doing with that call?")*
- *Listen without judgment*
- *Normalize reactions ("It's normal to feel that way")*
- *Offer practical support*
- *Provide CISM information*
- *Respect if they're not ready to talk*
- *Follow up in days/weeks to come*

## What NOT to Do:

- *Minimize their experience ("It wasn't that bad")*
- *Compare to other incidents ("I've seen worse")*
- *Force them to talk*
- *Gossip about their reaction*
- *Make judgments*
- *Try to be their therapist*

# Self-Care After Critical Incidents

## Immediate (0-24 hours):

- *Take time to process before going home if possible*
- *Talk with your partner or crew*
- *Limit media exposure to the incident*
- *Engage in physical activity (walking, exercise)*
- *Avoid alcohol as coping mechanism*
- *Contact CISM if needed*

## Short-term (Days to weeks):

- *Maintain normal routines as much as possible*
- *Connect with supportive people*
- *Continue healthy habits (sleep, nutrition, exercise)*
- *Limit caffeine and substances*
- *Give yourself permission to have reactions*
- *Attend CISM debriefing if offered*
- *Journal or creative expression*

## Long-term:

- *Monitor for persistent or worsening symptoms*
- *Seek professional help if reactions don't improve*
- *Use incident as learning experience*
- *Continue stress management practices*
- *Build resilience for future incidents*

# Peer Support Teams

- Help recognize the “second victim”
- Reduce stress
- Build resilience after calls
- Normalize their response and feelings
- Offer support and direction
  - *Often what is traumatic to one person is not to another.*
  - *Critical incidents are not always formally recognized*
    - This is where peer support plays an important role

**QUESTIONS???**

# References

- [CISM International - Critical Incident Stress Management - CISM For First Responders & Military](#)
- [ICISF](#)