

CISD

Critical Incident Stress Debriefing (Management)
A Framework for Support

Church Safety & Security - Ready, Set, Go!
June 5, 2018

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ABOUT CISD

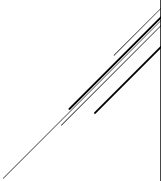
- CISD is a specific 7 step, small group, crisis intervention process.
- It is a supportive, focused conversation or discussion of a traumatic event (frequently referred to as a critical incident).
- The selection of a CISD as a crisis intervention tool means that a traumatic event has occurred in which the group member's coping methods have been overwhelmed and they are exhibiting signs of considerable distress, impairment, or dysfunction.

- The goal of a CISD is to mitigate the impact of the crisis/traumatic event through the reduction of distress and a restoration of group cohesion and personal performance.
- The structured group story-telling process combined with practical information assists to normalize group member reactions to a critical (abnormal) event and facilitate their recovery.
- CISD is not psychotherapy.

ABOUT CISD


- 2 to 4 trained facilitators depending on the size of group (1 facilitator to every 5-7 group members)
- Minimal team is 2 members
- Unique feature – 1 peer and 1 Mental Health Professional

THE CISD FACILITATORS



- Small group psychological first aid
 - Symptom stabilization
 - Symptom reduction
 - Re-establish functional capacity, or
 - Seek further assessment and/or a higher level of care
- Focus is enhanced resistance to stress reactions, building the ability to "bounce back," and facilitate recovery from traumatic stress to normal healthy functioning
- Employed with a package of crisis intervention procedures (pre-education, family support services, follow-up services, referrals to professional services).


ESSENTIAL CONCEPTS OF CISD



Considerations for the application of CISD

- The small group must be homogeneous
- The group members must not be currently involved in the situation
- Group members should have about the same level of exposure to the experience
- The group should be psychologically ready and not so fatigued or distraught that they cannot participate in the discussion

REQUIRED CONDITIONS




➤ CISD is not the first intervention. One-to-one or informal small group conversations are supportive first steps.

➤ Typically 24 to 72 hours after the incident the small, homogeneous group gathers for a CISD. However, it is not uncommon for the CISD to be delayed for some time, depending on staff situations or whether the critical incident is on going.


➤ Depending on the circumstances and the number of individuals the CISD may take 1 to 3 hours.

THE PROCESS



1. Introduction
2. Facts
3. Thoughts
4. Reactions
5. Symptoms
6. Teaching
7. Re-Entry


PHASES IN CISD



PHASES IN CISD

Introduction:

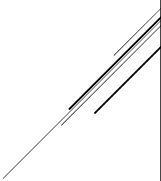
- Team members
- Debrief lessons impact
- Eat/sleep/work better
- Not a critique only a discussion
- No notes or recordings
- Confidential
- All questions entertained
- All feelings accepted



PHASES IN CISD

Facts:

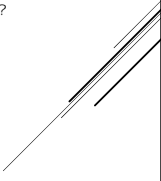
- Who are you?
- What part or role did you play?
- How did the situation unfold from your perspective?



PHASES IN CISD

Thoughts:


- Oh S***!
- When did you realize the full extend of the incident?
- What were your thoughts at the time?
- What sense have you made since it happened?



PHASES IN CISD

Reactions:

- Identify the worst part of the incident for you.
- What feelings did you experience?

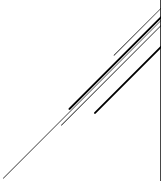


PHASES IN CISD

How do you know it has had an effect on you?

Consider the following:


- > Emotional reactions
- > Behavioral changes
- > What did you think about after the incident?
- > Have you had any physical reactions?



PHASES IN CISD

Teaching:


- Natural reaction to an abnormal event.
- Don't fight the reaction, decide how you will respond.
- Give yourself time to adjust, be patient.
- Diet/Stimulants be aware of how they affect you.
- Work/rest/play...Balance.
- Be aware of help that is available.
- Seek the support and help of others.
- Maintain your routine.



PHASES IN CISD

Re-Entry:

- Final Assurance
- Tie-up and answer any outstanding questions
- Plan of Action
- Confidentiality



IMPLEMENTATION AT ST. CLOUD HOSPITAL

Policy developed on Supporting Staff

Debriefings:

Trained facilitators from Spiritual Care and Behavioral Health
Anyone can request

Initially provided to departments of St. Cloud Hospital. Expansion is in process to other CentraCare Health entities.

QUESTIONS?


WORKS CITED

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Dr. Dan Casey, CT LADC, LMSW
Founder and Director

NURTURING RESILIENCE


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RESILIENCE

1. The ability to recover quickly from illness, change, or misfortune: buoyancy.
2. The property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed: elasticity.




- It is ordinary, not extraordinary
- It is not a trait that people either have or do not have
- It is a process that can be learned and developed

WHAT IS RESILIENCE?



FACTORS AND STRATEGIES

- > Relationships
- > A positive view of self
- > Skills in communication and problem solving
- > Capacity to manage strong feelings and impulses



WAYS TO BUILD RESILIENCE

- > Make connections
- > Avoid seeing crises as insurmountable problems
- > Accept that change is a part of life
- > Move towards your goals
- > Take decisive actions
- > Look for opportunities for self-discovery




WAYS TO BUILD RESILIENCE

- > Nurture a positive view of yourself
- > Keep things in perspective
- > Maintain a hopeful outlook
- > Take care of yourself
- > Learn from your past experiences
- > Stay flexible




SMALL GROUP ACTIVITY

- Break up into groups of 4-5 individuals
- In your group setting, share strategies you have found helpful in your life to build resilience
- Select one strategy to share with the larger group



RESOURCES

- Self-help and support groups
- Books and other publications
- Online resources
 - www.apa.org/helpcenter/road-resilience.aspx
- A licensed mental health professional



QUESTIONS/COMMENTS?

