

Moving Right of Bang

Critical Incident Early Intervention Strategies

Rick Randall M.S., CISM
CEO The Randall Group 911
Austin Police Department Health and Wellness Division
Director (Retired)



Texas Police Chiefs Association Officer Safety Committee



The Five Cornerstones



The VINCIBLE Journey

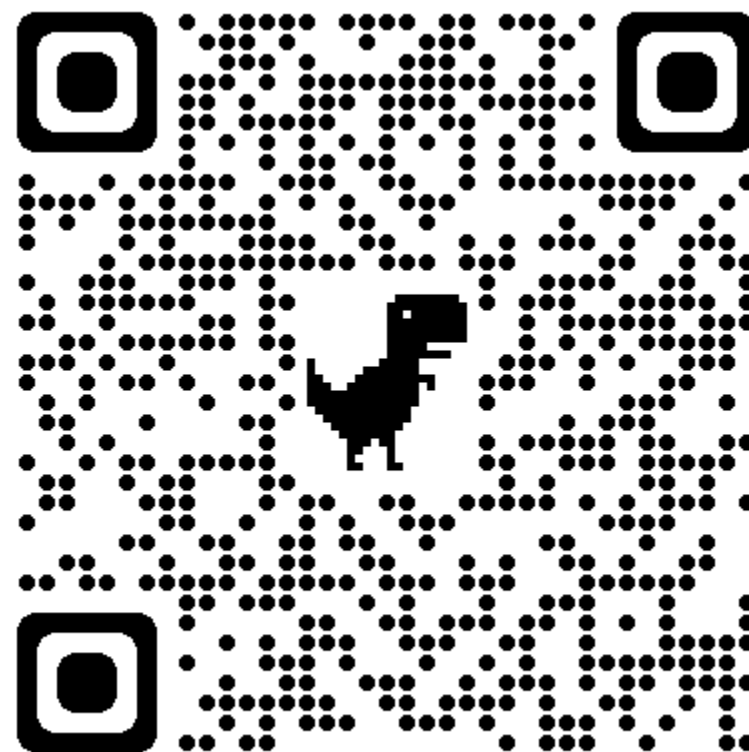
- A product of the TPCA Officer Safety Committee
- Began distributing roll call training in 2015 (example in video)
- Started partnership with TMLIRP in 2016
- Resources are available to all police agencies whether or not they are members of TPCA or the Risk Pool
- Partnership continues to grow with VINCIBLE provided training being the next step in the process (see TPCA or TMLIRP training calendars)
 - Tactical Emergency Casualty Care (Officer Safety Committee)
 - Resilience Strategies for First Responders (Rick Randall)
 - Moving Right of Bang (Rick Randall)
- Risk Pool and Officer Safety Committee continue to work on advancing officer safety in the State of Texas



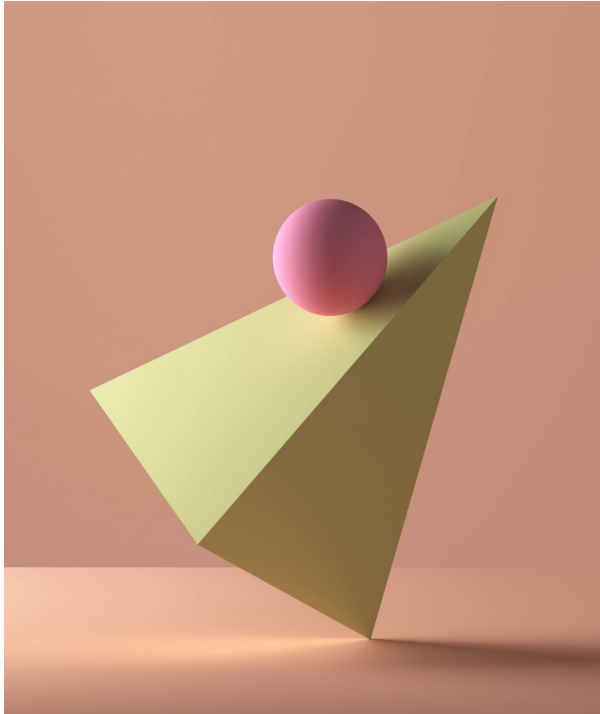
Texas Police Chiefs Association-VINCIBLE

- As many as 50% of officer deaths in some years can be attributed to behaviors that are controllable, including fitness, emergency driving, and the wearing of seat belts and body armor. How can police culture be invaded in a manner that will change risk-prone behaviors and ultimately reduce deaths and injuries? How can agencies remove the IN from INVINCIBLE and thereby remind their officers that they are VINCIBLE?
- The answer lies in the adoption of 5 Cornerstones: [Wear your Vest](#); [Wear your Belt](#); [Watch your Speed](#); [Stay Fit](#); and [540](#). These cornerstones are communicated through weekly roll call trainings created and communicated by the Texas Police Chiefs Association (TPCA) Officer Safety Committee. They support Best Practices and require agencies to consider tactics in addition to policies and procedures. The program is free for participating Texas agencies.





Moving Right of Bang

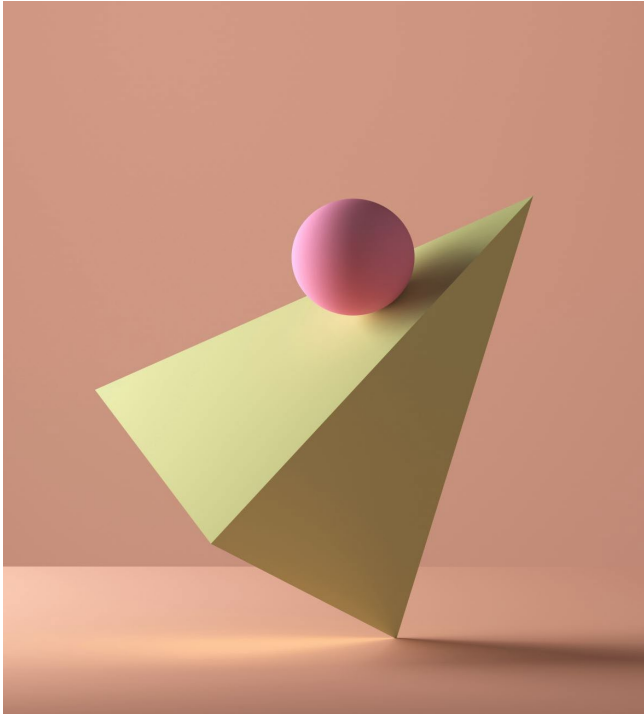


Bang = The Critical Incident

Left of Bang = *Before* the incident

Right of Bang = *After* the incident

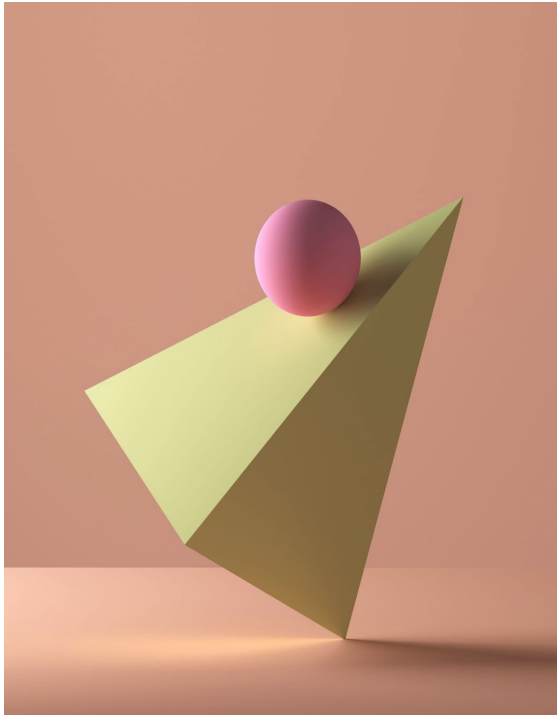
Moving Right of Bang



**Public Safety Fact #1 –
“Bang” Happens**

**Public Safety Fact #2 –
“Bang” produces TRAUMA**

Moving Right of Bang



OUR GOAL

To assist first responders to process the trauma in a healthy, resilient way.

DISCUSSION QUESTIONS

- What currently does your agency describe as a “critical incident”?
- What policies are in place to determine the agency’s response?
- What resources are currently in place?

WHAT WOULD YOU DO IF?

- Medium-sized, tight-knit community
- Well-attended annual fall fair and carnival
- Carnival Ferris wheel malfunctions with a full load of passengers, many of whom are children



WHAT WOULD YOU DO IF?



- Several gondolas detach and plummet to the ground
- Several children critically injured, three pronounced dead at the scene
- Some of these casualties are related to first responders

Based on Your CURRENT Behavioral Health Policies and Resources



- Who has been impacted by this event?
- What behavioral health services are needed for the first responders?
- Who will provide those services for the first responders?

WOULD OUR SCENARIO QUALIFY AS A CRITICAL INCIDENT FOR YOUR AGENCY?

WHY OR WHY NOT?



WHAT IS A CRITICAL INCIDENT?

“A stressor (crisis) event which appears to cause, or be most associated with, a crisis response; an event which overwhelms a person’s usual coping mechanisms.”

Everly and Mitchell, 1999

WHAT IS A CRITICAL INCIDENT?

“A direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about an unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (APA, 2000, p. 463)

EXAMPLES OF A CRITICAL INCIDENT?

Line of Duty Death

Suicide of a First Responder

Multi-casualty Incident/Disaster

Significant Event Involving Children

Knowing the Victim of an Event

Serious Line of Duty Injury

Police Shooting (OIS)

Event that Draws Excessive Media Interest

Prolonged Incident with Loss

Any event that is psychologically significant event to a first responder



Trauma and Critical Incidents



- Any critical incident is potentially traumatizing

Trauma and Critical Incidents



- Trauma is produced by an event which is outside the usual realm of human experience and that would be markedly distressing to anyone who experienced it.
- Trauma is defined exclusively in terms of exposure to human suffering, i.e., personal or vicarious exposure to severe injury, illness, or death.

APPLICABLE TEXAS STATE LAW

- **HEALTH AND SAFETY CODE**

Title 9 – Safety/Subtitle B/Section 784

- **TEXAS GOVERNMENT CODE SEC.614.015 (*Mental Health Leave for Peace Officers*)**



APPLICABLE TEXAS STATE LAW

- **Codifies Critical Incidents**
- **Assures confidentiality protections for individuals and for peer support activities**
- **Mandates mental health leave policies following a critical incident**

UNDERSTANDING TRAUMA



Trauma is a normal human response to an abnormal event that is deeply distressing or disturbing and that...

- Overwhelms an individual's ability to cope
- Causes feelings of helplessness
- Diminishes their sense of self and their ability to feel a full range of emotions and experiences.

UNDERSTANDING TRAUMA

- Trauma is stored in the brain at a sub-cortical level
- It is not accessible through language
- It produces significant side effects including but not limited to PTSD symptoms
- If untreated, it can alter the brain's DNA
- Trauma can be cumulative

Predicting Possibility of Psychological Trauma

- Interpersonal Violence and Abuse
- Life-threatening Accidents and Medical Trauma
- Sudden or Violent Loss of a Loved One
- Natural Disasters and Environmental Catastrophes
- War, Terrorism, and Mass Violence
- Child Neglect and Abandonment



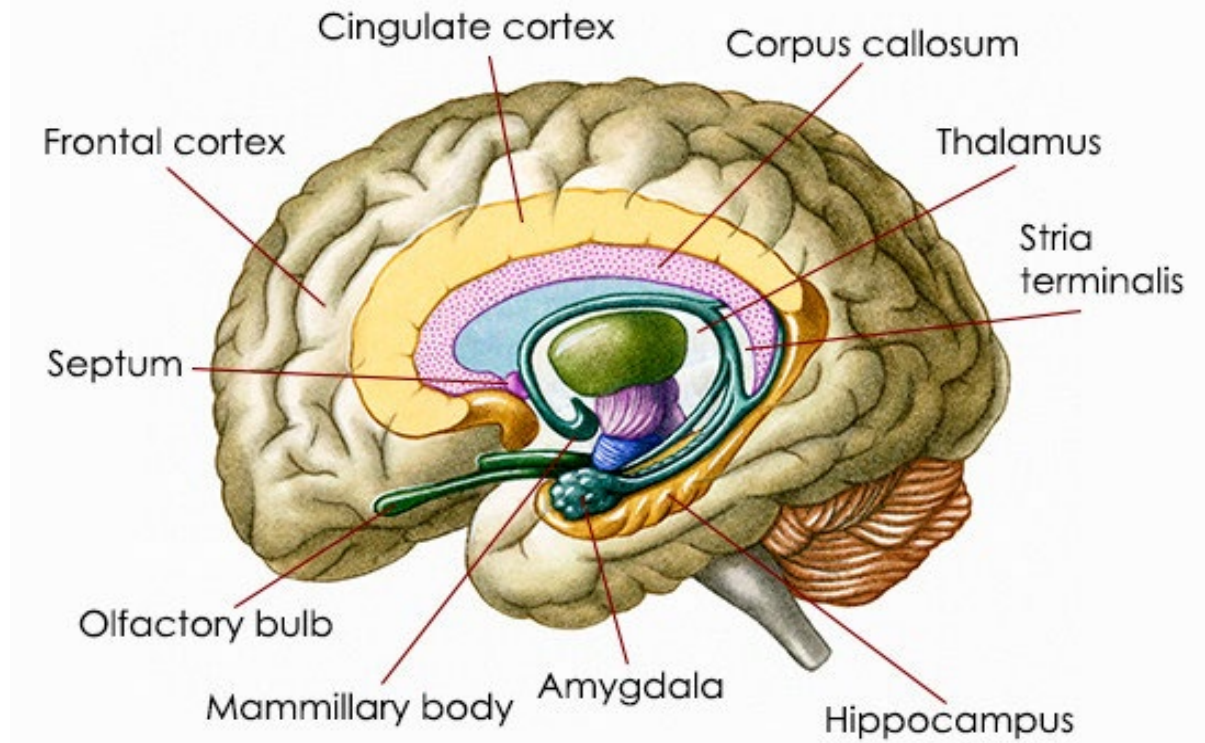
Predicting Possibility of Psychological Trauma

- Workplace and Occupational Trauma
- Psychological and Emotional Betrayal
- Social and Community-Level Trauma
- Secondary and Vicarious Trauma



TRAUMA AND THE BRAIN

- **FRONTAL CORTEX – Reason and Logic**
- **AMYGDALA - Survival**
- **HIPPOCAMPUS - Memory**



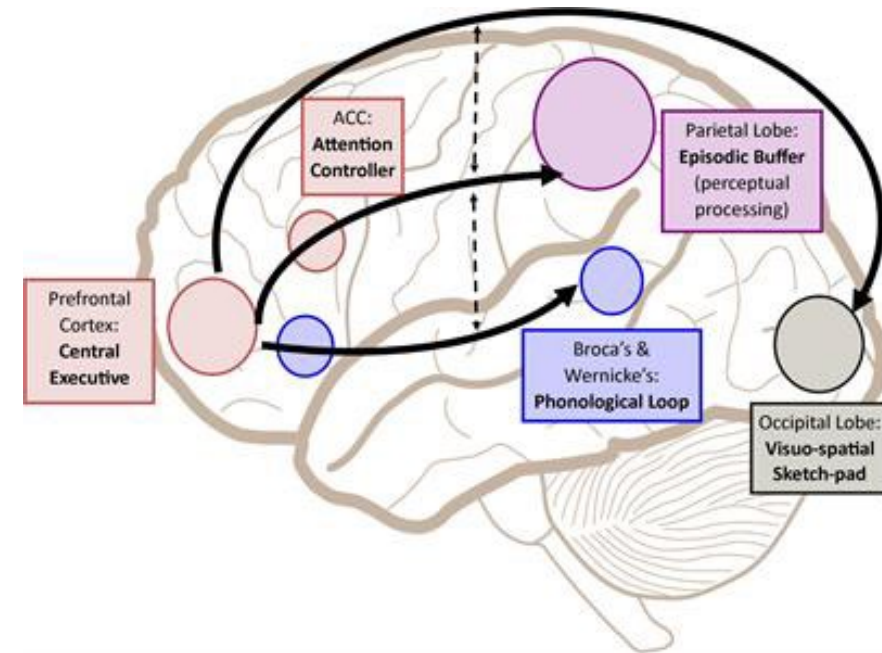
IS THIS TRAUMATIZING?



TRAUMA, THE BRAIN AND MEMORY IMPACT

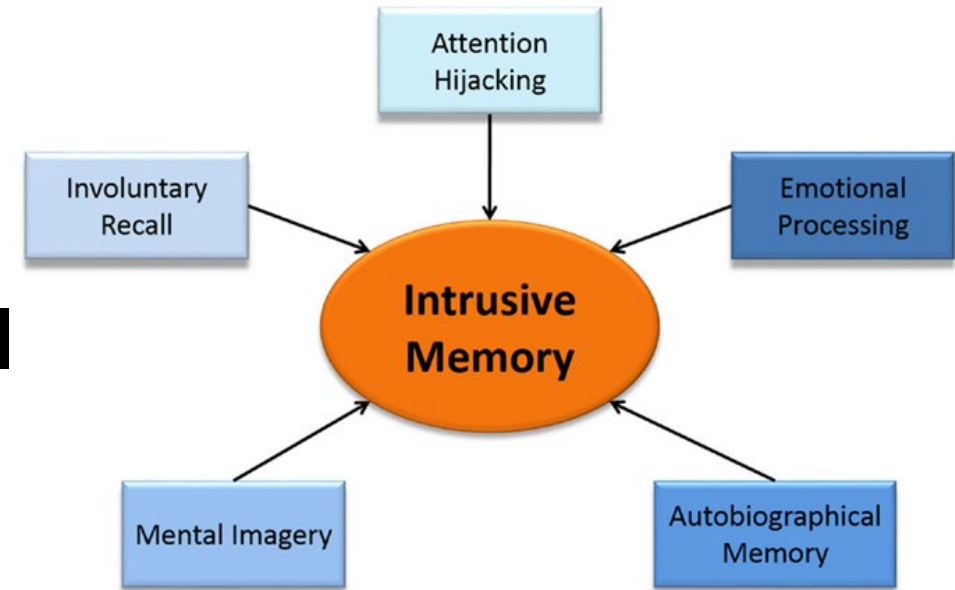
NORMAL MEMORY

- Organized
- Categorized
- Sequential
- Verbally Accessible
- You have control over the retrieval of the memory
- Time-Tagged (You know when it happened)
- Can be updated by future information



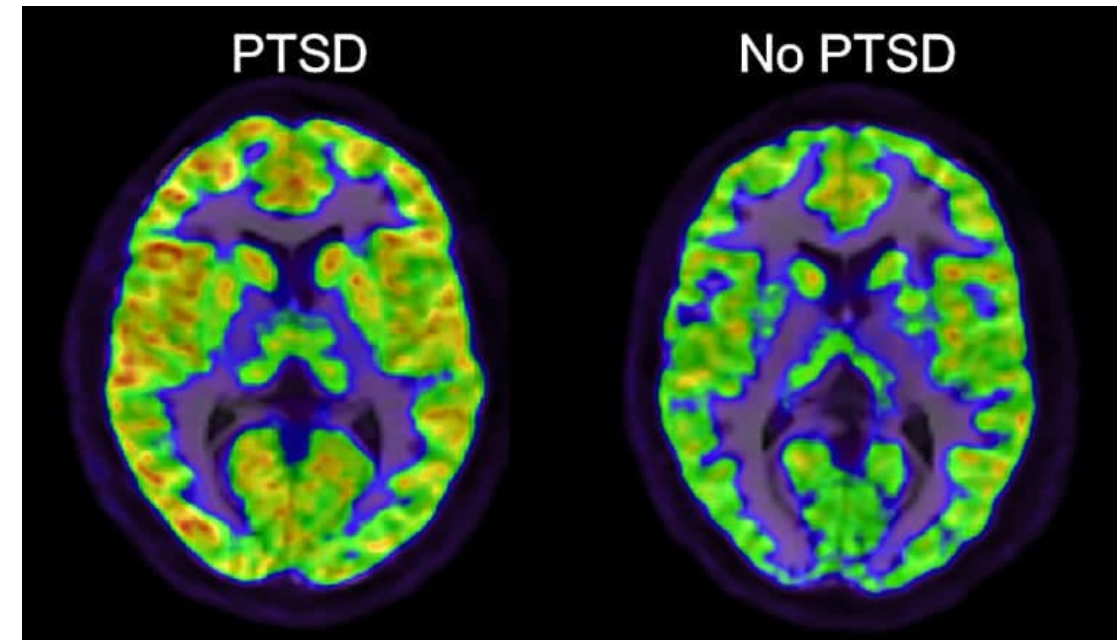
TRAUMA MEMORY

- Not Well Organized
- Defies Categorization
- Not Sequential
- Situationally Accessible
- You have little control over the retrieval of the memory
- Not Time-Tagged (You don't know when it happened)
- Feels like the memory is frozen in time



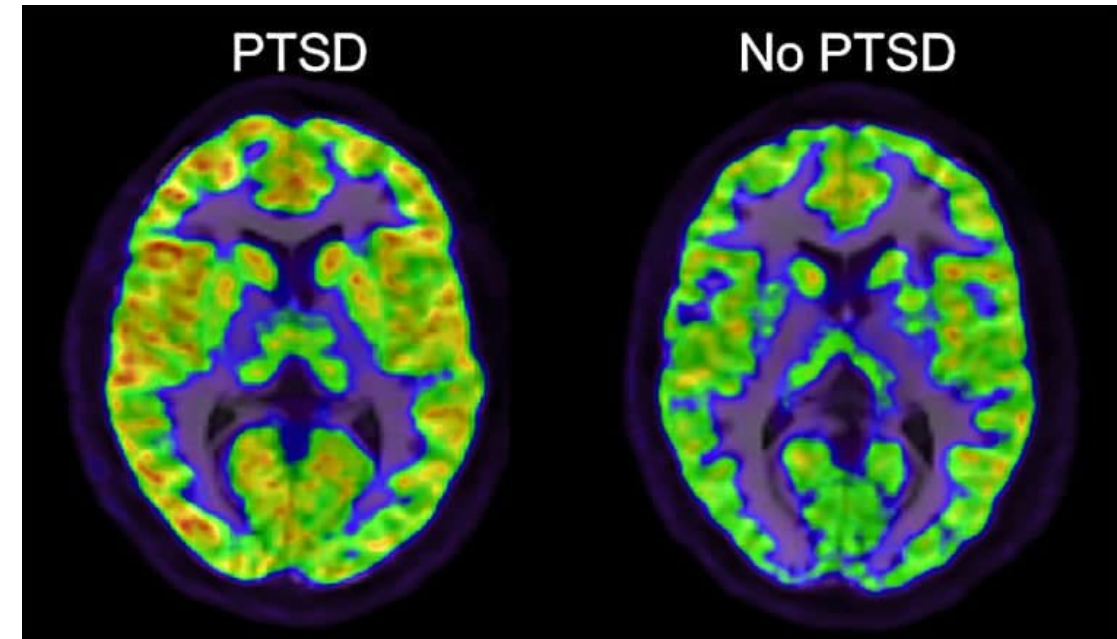
POST TRAUMATIC STRESS INJURY

- Post-traumatic stress injury (PTSI) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it.
- Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.



POST TRAUMATIC STRESS INJURY

- 25% of people who develop PTSI experience delayed onset of symptoms. (more than 6 months)
- PTSD a chronic condition. 1/3 of all PTSD patients were still symptomatic 10 years after exposure
- 1/3 may recover by their one-year follow up (1997 National Comorbidity Survey)

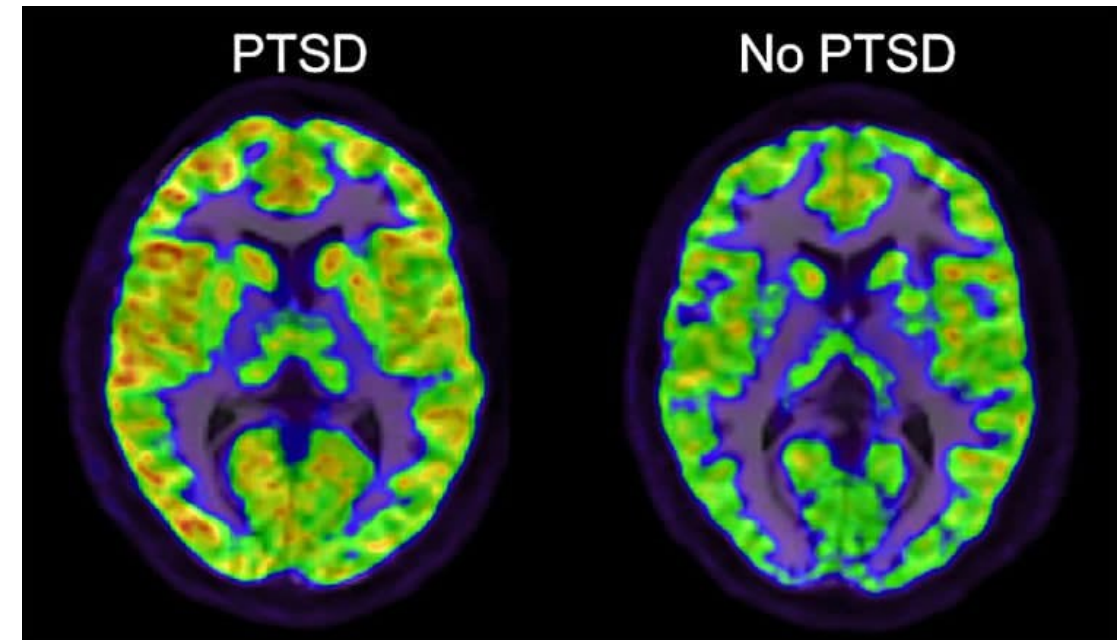


DSM-5 Post Traumatic Stress Injury Diagnostic Criteria

- Exposure
- Intrusion (re-experiencing symptoms)
- Persistent avoidance of stimuli
- Negative alterations in cognitions and mood
- Marked alterations in arousal and reactivity
- Duration of the disturbance (at least 30 days)
- Disturbance causes clinically significant distress

PTSI SYMPTOMS

- A “Dazed” or “Numb” appearance
- Panic attacks
- Phobia formation
- Symptoms must persist for at least 30 days



THE VALUE OF EARLY INTERVENTION

- **Lessen Required Time for Treatment**
- **Lower Costs of Treatment**
- **More Favorable Prognoses**



THE VALUE OF EARLY INTERVENTION

Early Intervention

\$19,501/case (adjusted)

12 weeks to return to work

87% satisfaction with the outcome

Late Intervention

\$108,409/case (adjusted)

46 weeks to return to work

7% satisfaction with the outcome

Friedman, Framer and Shearer (N = 200 PTSD Cases)



THE BENEFITS OF THE CISM MODEL OF EARLY INTERVENTION

- Opportunity for Venting Emotions
- Opportunity to Verbalize Trauma
- Defined Behavioral Structure (Finite beginning and end of the process)
- Psychological Structure (Engages the cognitive and the affective domains)
- Benefits of Group Support

THE BENEFITS OF THE CISM MODEL OF EARLY INTERVENTION

- Peer Support Driven (unique credibility)
- Stress Education Component (knowledge and understanding)
- Allows for Follow up
- Action Oriented (stabilizing/mobilizing/normalizing)

IMPORTANT NOTE...

"Early intervention programs work best when they are already established and functioning well before a traumatic event occurs. They are impossible to develop in the midst of a chaotic and traumatic situation."

Jeffrey T Mitchell

CISM EARLY INTERVENTION MODEL

A COMPREHENSIVE AND
PROVEN EFFECTIVE
STRATEGY



PROVIDERS

- PEER SUPPORT TEAM
- MENTAL HEALTH PROFESSIONAL
- CHAPLAIN
- REFERRAL RESOURCES



PROVIDERS: **PEER SUPPORT**

- **TRUSTED COLLEAGUES**
- **EXPERIENCED WITH LIFE AND TRAUMA**
- **PROVEN ABILITY TO MAINTAIN CONFIDENTIALITY**
- **POSSESS GOOD INTERPERSONAL AND LISTENING SKILLS**



PROVIDERS: PEER SUPPORT

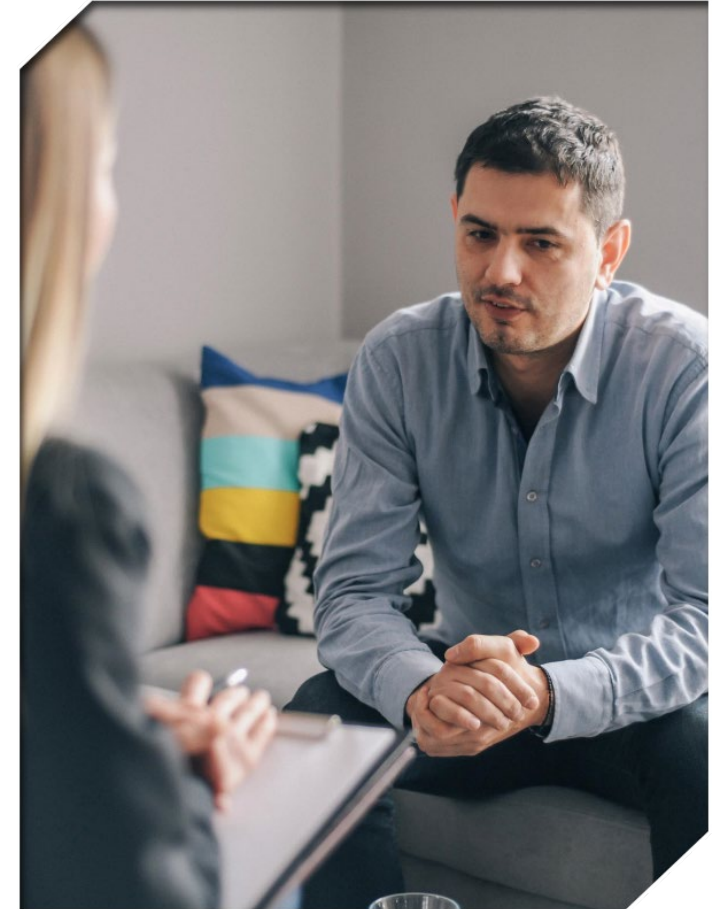
- APPROACHABLE
- WILLINGNESS TO SERVE
- ESSENTIAL TO ANY WELLNESS PROGRAM

***HIDDEN HAZARD: Volunteer
Nature of the Program***



PROVIDERS: **MENTAL HEALTH PROFESSIONALS**

- **CERTIFIED (MCSW, LPC, Psychologist, Psychiatrist)**
- **ABLE TO RELATE TO FIRST RESPONDERS**
- **FAMILIAR WITH CRISIS INTERVENTION MODELS (e.g., CISM)**



PROVIDERS: MENTAL HEALTH PROFESSIONALS

- BONUS: WILLING TO ASSIST IN PROVIDING BEHAVIORAL HEALTH TRAINING, ADVICE, AND CLINICAL SUPERVISION TO THE PEER SUPPORT TEAM



PROVIDERS: CHAPLAINS

- ORDAINED PROFESSIONAL CLERGY
- EXPERIENCED IN COUNSELING, LISTENING, AND ADVISING ON CRITICAL ISSUES AND PERSONAL PROBLEMS
- ABLE TO PROVIDE NON-DENOMINATIONAL MENTAL, EMOTIONAL, AND SPIRITUAL SUPPORT TO FIRST RESPONDERS REGARDLESS OF RACE, GENDER, SEXUAL IDENTITY, BELIEFS, OR RELIGION



PROVIDERS: CHAPLAINS

- EMPATHETIC
- ABLE TO MAINTAIN CONFIDENTIALITY
- WILLING TO SERVE AND BE AVAILABLE AS NEEDED



PROVIDERS: **ESSENTIAL REFERRAL RESOURCES**

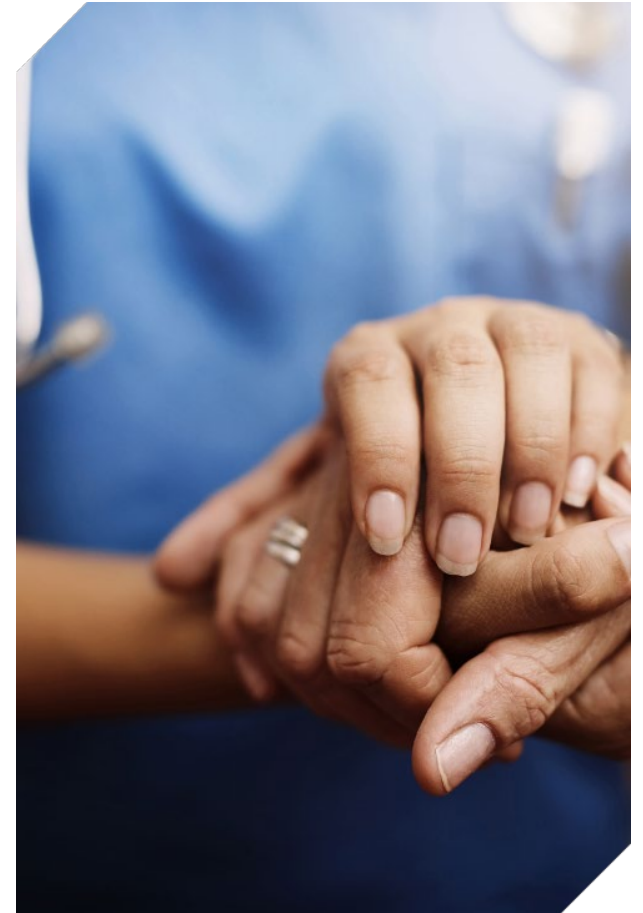
- **ALCOHOL AND SUBSTANCE ABUSE TREATMENT AND SUPPORT**
- **TRAUMA-TRAINED THERAPISTS EXPERIENCED WITH PTSD**
- **PSYCHIATRIC SERVICES**
- **EAP**



PROVIDERS: **ESSENTIAL REFERRAL RESOURCES**

- **STRESS MANAGEMENT AND RESILIENCY RESOURCES (Yoga, Mindfulness, Fitness)**

Critical Component: Experience with First Responders



CISM EARLY INTERVENTION ACTIONS

- ON SCENE SUPPORT
- DEFUSING
- DEBRIEFING
- BRIEFING



GOALS OF ON SCENE SUPPORT

- ***STABILIZE* THE SITUATION AND PROTECT PERSONNEL FROM ADDITIONAL STRESS**
- ***MITIGATE* THE IMPACT OF A TRAUMATIC EVENT**
- ***MOBILIZE* A WIDE RANGE OF RESOURCES TO ASSIST PERSONNEL**



GOALS OF ON SCENE SUPPORT

- ***NORMALIZE THE EXPERIENCE AND REDUCE FEELINGS OF UNIQUENESS AND ABNORMALITY***
- ***RESTORE TO FUNCTIONALITY AS SOON AS POSSIBLE***



FOCUS OF ON SCENE SUPPORT

- DISTRESSED *PRIMARY PERSONNEL*
- PERIPHERALLY INVOLVED PERSONNEL WITH *OBVIOUS SIGNS OF DISTRESS*
- *COMMAND AND SUPERVISORY PERSONNEL* (ADVICE AND CONSULTATION)



PROVIDERS OF ON SCENE SUPPORT

- PEER SUPPORT PERSONNEL
- CHAPLAINS TRAINED IN CRITICAL INCIDENT INTERVENTION
- MENTAL HEALTH SPECIALISTS
(IF NEEDED)



TIMING OF ON SCENE SUPPORT

- IMMEDIATELY
- WHILE THE INCIDENT IS STILL IN PROGRESS (As soon as safety allows)
- BRIEF INTERVENTIONS FOCUSED ON ADDRESSING IMMEDIATE CONCERNS AND NEEDS



DEFUSING

- DIRECTED AT THE *CORE WORK GROUP* MOST EFFECTED BY THE EVENT
- PROVIDED BY *PEER SUPPORT, CHAPLAIN, OR MENTAL HEALTH PROFESSIONALS* TRAINED IN CRISIS INTERVENTION
- NORMALLY 20-45 MINUTES IN LENGTH



GOALS OF DEFUSING

- ***RAPID REDUCTION OF INTENSE REACTIONS***
- ***NORMALIZATION OF THE EXPERIENCES***
- ***RETURN TO ROUTINE DUTIES AS SOON AS POSSIBLE***



GOALS OF DEFUSING

- MITIGATE THE IMPACT OF THE TRAUMATIC EVENT
- REDUCE THE COGNITIVE, EMOTIONAL, AND PHYSIOLOGICAL SYMPTOMS
- RE-ESTABLISH THE SOCIAL NETWORK SO PEOPLE DON'T SELF-ISOLATE



GOALS OF DEFUSING

- ALLOW FOR EXPLORATION OF EXPERIENCE AND DISSEMINATION OF INFORMATION ON MANAGING THE STRESS
- IDENTIFY INDIVIDUALS WHO MAY NEED EMOTIONAL ASSISTANCE
- ACCELERATE THE RECOVERY PROCESS



TIMING OF DEFUSING

- PROVIDED WITHIN EIGHT HOURS OF THE END OF THE EVENT
- PROVIDED AS CLOSE AS POSSIBLE TO THE END OF THE EVENT (2-3 hours is ideal)
- NOT EFFECTIVE AFTER SHIFT DISPERSAL



DEBRIEF

- ***A MULTIPHASED, STRUCTURED APPROACH***
- ***MITIGATES PSYCHOLOGICAL DISTRESS FOLLOWING A TRAUMATIC EVENT***
- ***FACILITATES A NORMAL RECOVERY PROCESS FOR THOSE EXPERIENCING NORMAL REACTIONS***

Critical Incident Stress Debriefing



DEBRIEF

- ***IDENTIFY* THOSE WHO MAY NEED ADDITIONAL SUPPORT**

Critical Incident Stress Debriefing



TIMING OF DEBRIEF

- PROVIDED *WITHIN 24-72 HOURS* OF THE EVENT



FOCUS OF A DEBRIEF

- PARTICIPANTS MUST HAVE *SIMILAR EXPOSURE/EXPERIENCE* WITH THE EVENT
- **CAUTION:** DAMAGE CAN BE DONE IF THE *WRONG PEOPLE* ARE IN THE ROOM OR IF THE PRESCRIBED *PROCESS IS NOT FOLLOWED*



PROVIDERS OF A DEBRIEF

- PEER SUPPORT MANAGED AND DRIVEN
- AT LEAST TWO TRAINED TEAM MEMBERS (More if group is larger)
- A MENTAL HEALTH PROFESSIONAL IS ESSENTIAL
- A CISM TRAINED CHAPLAIN IS HELPFUL



THE



PROCESS

STRUCTURE OF A DEBRIEF

STAGE 1 – INTRODUCTION: Introduce the team, the process, the guidelines, and address primary concerns and anxieties

STAGE 2 – FACT: A discussion of the facts of the incident.

Who are you?

What was your role in the incident?

A brief description of what happened from your point of view.



STRUCTURE OF A DEBRIEF

- STAGE 3 – THOUGHT: Transitioning from the cognitive to the emotional.

What was your first thought or most prominent thought once you got off an "auto-pilot" mode of operating?

- STAGE 4 – REACTION: Exploring the emotional reactions to the event

What was the worst thing about this situation for you personally?

What part of this event bothers you the most?



STRUCTURE OF A DEBRIEF

- STAGE 5 – SYMPTOMS: Transitioning back to the cognitive. Group is asked to describe any cognitive, physical, emotional, or behavioral experiences they may have encountered while working the scene.
- STAGE 6 – TEACHING: Point out the symptoms mentioned and normalize them. Instructions are given on healthy ways to deal with the stress and ways to avoid the unhealthy strategies.



STRUCTURE OF A DEBRIEF

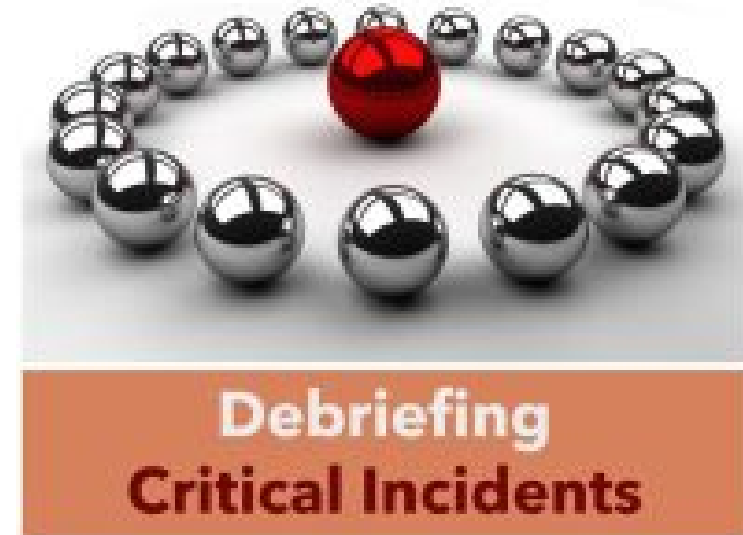
- STAGE 7 – RE-ENTRY: Allow any new material to surface, answer any questions, reassure and inform to normalize, provide information in handout form, make follow up and additional resources available.



DEBRIEF BREAKDOWN

1-3 Hours Total

- Stage 1 – Introduction = 5-10 minutes
- Stage 2 – Fact = 5-25 minutes
- Stage 3 – Thought = 5-10 minutes
- Stage 4 – Reaction = 10-40 minutes
- Stage 5 – Symptoms = 10-15 minutes
- Stage 6 – Teaching = 5-10 minutes
- Stage 7 – Re-entry = 5-10 minutes



DEBRIEF BREAKDOWN

- Stage 1 – Introduction = Cognitive
- Stage 2 – Fact = Cognitive
- Stage 3 – Thought = Cognitive - Affective
- Stage 4 – Reaction = Affective
- Stage 5 – Symptoms = Affective - Cognitive
- Stage 6 – Teaching = Cognitive
- Stage 7 – Re-entry = Cognitive

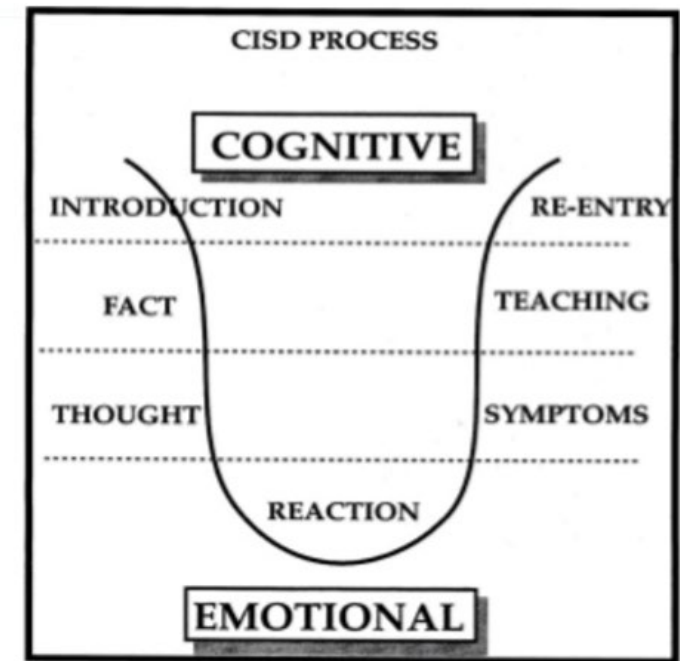


Figure 3: Seven phases of Debriefing modified according Mitchell and Everly, 2002

BENEFITS OF A **DEBRIEF**

- **ALLOWS FOR *EMOTIONAL VENTILATION***
- **PROVIDES *REASSURANCE* THAT STRESS IS CONTROLLABLE AND RECOVERY IS LIKELY**
- ***FOREWARNS* OF POTENTIAL SYMPTOMS AND SIGNS**
- ***ESTABLISHES CONTACT* WITH CHAPLAINS AND BEHAVIORAL HEALTH SPECIALISTS**
- ***PREVENTS OR MITIGATES SYMPTOMS* OF POST TRAUMATIC STRESS**

BRIEFING

- USED FOR MIXED GROUPS
- USEFUL IN DISASTERS, TERRORISM EVENTS, COMMUNITY VIOLENCE, SCHOOL CRISES, etc.



GOALS OF A BRIEFING

- PROVIDE INFORMATION, GUIDANCE, AND INSTRUCTIONS
- RUMOR CONTROL
- REDUCTION OF CHAOS
- PROVIDE COPING SUGGESTIONS
- FACILITATE FOLLOW-UP CARE
- PROMOTE COMMUNITY COHESION
- ENHANCE COMMUNITY MORALE
- RESTORE PEOPLE TO ADAPTIVE FUNCTIONING



TIMING OF A BRIEFING

- AS SOON AS PRACTICAL AFTER A TRAUMATIC EVENT
- MAY NEED TO BE DONE MULTIPLE TIMES TO ACCOMMODATE VARIOUS GROUPS AND NEEDS
- USUALLY LASTS 20-45 MINUTES
- NOT RECOMMENDED TO TAKE QUESTIONS

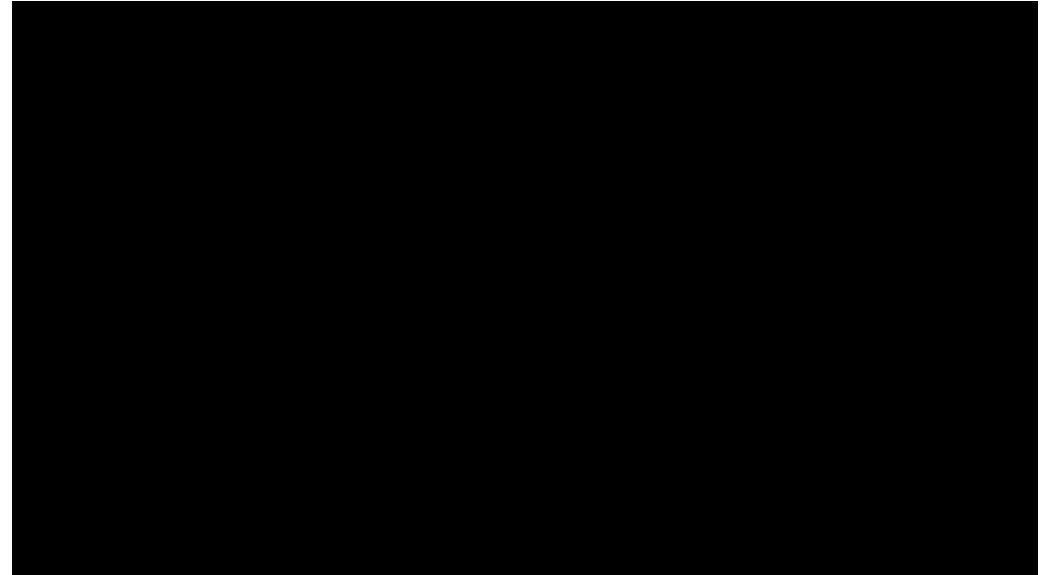


STRUCTURE OF A BRIEFING

- ASSEMBLE THE GROUP
- PROVIDE FACTS REGARDING THE CURRENT CRISIS SITUATION
- DESCRIBE AND NORMALIZE COMMON BEHAVIORAL/PSYCHOLOGICAL REACTIONS
- DESCRIBE PERSONAL STRESS MANAGEMENT SUGGESTIONS AND GUIDELINES
- PROVIDE INFORMATION ABOUT AVAILABLE RESOURCES



WHAT WOULD YOU DO IF...?



Moving Right of Bang

Critical Incident Early Intervention Strategies

THANK YOU!

