MCISD

EDUCATION/TRAINING PROGRAM
SEPTEMBER 17–18, 1990
"TAKING CARE OF EACH OTHER"

MONDAY, SEPTEMBER 17, 1990 - DAY 1

8:30 REGISTRATION

9:00 INTRODUCTION
MARGE EPPERSON–SeBOUR, MSW, DIPLOMATE
DIRECTOR, MARYLAND CISD TEAM

WELCOME
JAMES FLYNN, M.D., DIRECTOR, MIEMSS

9:15 "PTSD: IT'S WHAT WE'RE PREVENTING"
DAN MERLIS, MSW
CHARLES "BILL" HICKS, M.D.

10:15 BREAK

10:30

TRACK I	TRACK II
THE CISD PROCESS	CISD EXPANDED
* HISTORICAL PERSPECTIVE	"ALCOHOL, DRUGS & ACCIDENTS"
* VIDEO TAPE	CARL SODERSTROM, M.D.
* STRESS & DISTRESS	"CISD UPDATE"
* EMERGENCY WORKER PROFILE	MARGE EPPERSON–SeBOUR, MSW

12:00 LUNCH

1:00

TRACK I	TRACK II
PRE-DEBRIEFING ACTIVITIES PHASE 1 – INTRODUCTORY PHASE PHASE 2 – FACT PHASE PHASE 3 –THOUGHT PHASE PHASE 4 – REACTION PHASE	THE AFTERNOON SEMINAR WILL TAKE THE CISD PROCESS STEP-BY-STEP AND, THROUGH OPEN DIALOGUE CONSIDER SUCH ISSUES AS:

3:00 BREAK

3:15 CONTINUATION

PHASE 5 – SYMPTOM PHASE PHASE 6 – TEACHING PHASE PHASE 7 – RE-ENTRY PHASE POST-DEBRIEFING ACTIVITIES	FLEXIBILITY OF THE MODEL, TIMING OF PHASES, GRIEF & LOSS, PROBLEMS ENCOUNTERED, WHAT WORKS, WHAT DOESN'T WORK, ETC.

TRACK I INSTRUCTORS	TRACK II LEADERS
LEE ROSS JERRY HUESMANN CHUCK HUGHES CRAIG COLEMAN	CAROLYN GRAHAM OGDEN ROGERS ROSE MILLER KATHY LeBRUN LARRY WEST

COORDINATOR:
MARGE EPPERSON-SeBOUR

5:00 ADJOURN

TUESDAY, SEPTEMBER 18, 1990 - DAY 2

8:30

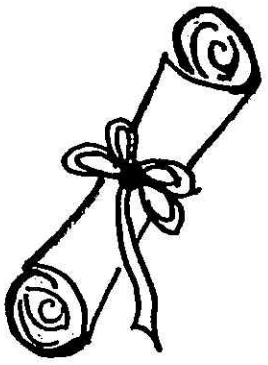
TRACK I	TRACK II
"DEFUSINGS: WHAT THEY ARE – HOW YOU DO THEM." CRAIG COLEMAN	"STRESS & CAR CRASHES" KATHY READ, MSW
"RIDE ALONGS" JIM CLEMENTS, MSW	"ADJUNCT CISD PROGRAMS REPORTS" CAROLYN GRAHAM JIM McAULAY

10:00 BREAK

10:15 EXPERIMENTIAL SESSIONS

GROUP	COACHES
RED	REGION V TRI-COUNTY TEAM MEMBERS
GREEN	WESTERN REGIONS I & II TEAM MEMBERS
YELLOW	REGION III BALTIMORE CITY TEAM MEMBERS

1:00 AWARDS LUNCHEON



2:30 OPEN DISCUSSION

4:00 ADJOURN

Student Manual
PART 1. Introduction

I.My motives for being involved with Critical Incident Stress Debriefing

1. Think back to when you first decided to join an emergency response service. I originally chose to enter my first responder service because:

_____ I like to hear the sirens.
_____ I like uniforms.
_____ It was exciting.
_____ The equipment was neat.
_____ I wanted to help people.
_____ People would respect me as a responder.
_____ I would get to go to accident scenes.
_____ I could do something other people could not do.
_____ A friend talked me into it.
_____ I wanted to do something important.
_____ I like ambulances, fire trucks, police cars.
_____ Other (write it here) _____

2. I choose to continue in this service because
_____ I like it.
_____ I am needed in the squad.
_____ I still like the uniforms.
_____ I do help people.
_____ What I do is important.
_____ Other people say they could not do what I do.
_____ Some other people do look up to me.
_____ I like being able to work at accident scenes.
_____ I like being in the ambulance, fire truck, police car.
_____ This work is exciting.
_____ Other (write it here) _____

1. I learned about the CISD by or from_____
_____
_____

Part II.
1. My critical incident or most recent critical incident was or involved

_____

2. Briefly describe your last critical incident by the "characteristics of the situation."

a. Type of incident _____

b. Duration of the incident _____

c. 1. number of victims _____

2. approximate age of victims _____

c. centrality of victims to squad _____

d. centrality of victims to family _____

_____

e. effect on community:_____

3. My reactions to the critical incident: Check items you experienced

___ could not sleep	___ bad dreams	___ flashbacks
___ could not eat	___ intrusive thoughts	___ sick to my stomach
___ thought of quitting	___ worried	___ anxious

2. How long did the symptoms last?

___a few days ___ a couple of weeks ___ a couple of months
___ about a year ___ I am still bothered by the symptoms

3. What did you do about these reactions?

___ Tried to forget about it.
___ Had a few drinks to forget about them.
___ Talked to a friend at the squad about them.
___ Talked to a family member about them.
___ Attended a CISD.

Part V.

1. For your self, rank what for you would be the 5 most serious or hardest to deal with incidents in order of most serious to less serious. The incidents are from the list "rated severity of incidents" presented by the instructor.

1. _____

2. _____

3. _____

4. _____

5. _____

PART VI: PERSONALITY PROFILE OF EMERGENCY SERVICE WORKERS___

Rate yourself on each of the following traits or characteristics circling he number on the scale to the right of the items that represents your actions or feelings.

	Rarely				Always
1. I like to have things neat and orderly	1	2	3	4	5
2. I always try to see a job through to the end	1	2	3	4	5
3. I like to be in control of things around me	1	2	3	4	5
4. I hate it when I cannot find things I need	1	2	3	4	5
5. I like to be where exciting things happen	1	2	3	4	5

6. I am willing to take risks	1	2	3	4	5
7. I like to be doing things and getting things done	1	2	3	4	5
8. Being busy is a good feeling for me	1	2	3	4	5
9. I get bored easily.	1	2	3	4	5
10. If I just sit around, I begin to get nervous or fidgety.	1	2	3	4	5
11. I am willing to go on calls any time, day or night	1	2	3	4	5
12. I have enough responsibilities to keep me busy	1	2	3	4	5
13. I talk over my problems with my friends	1	2	3	4	5
14. My squad counts on me to be present when shifts are assigned	1	2	3	4	5
15. I like to help people with their problems	1	2	3	4	5
16. I am willing to go on a call even if it is not my turn	1	2	3	4	5

My total score is _____. Low scores are from 16 to 36, moderate scores are from 37 to 58, and high scores are from 59 to 80.

PART VIII: Identifying Stress

Brief stress assessment: On the scale below indicate how often you have experienced the following reactions.

During the past week I have experienced...	Never or not at all		Some-times		Often or all the time
1. headaches	1. 1	2	3	4	5
2. fatigue	2. 1	2	3	4	5
3. grinding my teeth	3. 1	2	3	4	5
4. fidgeting/nervousness	4. 1	2	3	4	5
5. periods of confusion	5. 1	2	3	4	5
6. times when it is hard to concentrate	6. 1	2	3	4	5

7. forgetfulness, memory problems	7.	1	2	3	4	5
8. nightmares, dreams	8.	1	2	3	4	5
9. feeling tense	9.	1	2	3	4	5
10. feeling pressured	10.	1	2	3	4	5
11. being anxious	11.	1	2	3	4	5
12. feeling guilty	12.	1	2	3	4	5
13. smoking more	13.	1	2	3	4	5
14. eating more sweets	14.	1	2	3	4	5
15. drinking more coffee, colas	15.	1	2	3	4	5
16. arguing more with others	16.	1	2	3	4	5
17. felt left out, abandoned	17.	1	2	3	4	5
18. have fewer contacts with friends	18.	1	2	3	4	5
19. irritated with others	19.	1	2	3	4	5
20. clamming up when out socially	20.	1	2	3	4	5

My total score is _____. Low scores are from 20 to 45, Moderate scores are from 46 to 71, and high scores are from 72 to 100.

Part XVII.

In my role as a PSP or an MHP I need to make sure I pay attention to the following activities or responsibilities

1._____

2._____

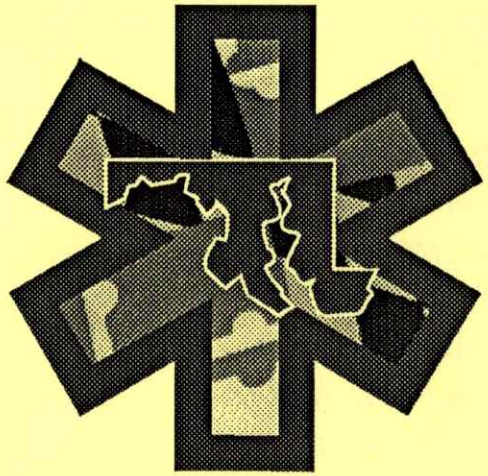
3._____

4._____

5._____

Maryland Institute for
Emergency Medical Services Systems

MCISD PROGRAM AWARDS LUNCHEON



MARYLAND EMS

A System Saving Lives by Design

September 18, 1990

Maryland CISD Awards Luncheon

1:00 Welcome

John Donohue
EMS Administrator
Region III
Master of Ceremonies

Invocation
Rev. Mike Adams

Lunch

Presentation of Awards
Ameen I. Ramzy, M.D.
State EMS Director

Closing Remarks
Ameen I. Ramzy, M.D.
State EMS Director

Benediction
Rev. Richard Woy

Certificates of Outstanding Contribution

Brian Flynn, Ed.D.
National Institute of Mental Health

Corporal Rose Miller
Baltimore County Police Department

Larry West
EMS Training and Certification

Officer James Shelley
Baltimore City Police Department

Certificates of Appreciation

Major Patrick L. Bradley
Baltimore City Police Department

Chief James Terrell
Harford County Emergency Operations

Deputy Chief Larry Mabe
Harford County Emergency Operations

Stress

Stress is that normal state of physical and psychological arousal which we all need in order to function. Without stress we would lack challenges in life and fail to be motivated. However, stress can be difficult to live with when it is the result of a bad or difficult experience.

The symptoms of a stress response can cause you to be physically and emotionally ill. They can cause you to lose your job or not want to continue in your job.

Stress and the Emergency Service Worker

Emergency service personnel (EMS, police, firefighters, dispatchers, nurses, doctors, etc.) face stressful events every day. The work they choose to perform can be emotionally difficult, physically draining, and a threat to their personal safety. Yet this same work is seen as extremely rewarding, sometimes exciting, and a method for fulfilling some personal needs.

But the work presents the emergency service worker with a constant dose of low to moderate level stress and an occasional dose of high level stress. It is this high level stress that can cause the emergency service worker to have symptoms of a stress reaction, including fatigue, nausea, intestinal upsets, memory loss, concentration problems, problem solving difficulties, anxiety, fears, depression, identification with victims, nightmares, flashbacks, and fear of repetition of the stressful event.

Critical Incidents

A critical incident is any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.

Some examples of critical incidents include suicides, loss by death of an emergency worker, serious injury of an emergency worker, media interest in the event, prolonged events, injury or death of children, mass casualty incidents, threats to emergency workers' safety, and natural disasters.

Critical Incident Stress Debriefing (CISD)

A CISD is a group interaction in which a team of trained people (mental health professionals and emergency service personnel [peer support persons]) allow emergency service personnel to talk about their thoughts, actions, and reactions to a stressful event. A CISD is not group therapy and it is not a critique of the event. The information shared in a debriefing is strictly confidential. A CISD is a time to learn what are normal expected behaviors and feelings following a stressful event. It is also a time to learn ways to manage stress symptoms.

The Team Approach

When a CISD is conducted you should expect two to four team members to be present. All members of the Maryland teams have been trained in the CISD process. This consistent approach will be helpful if debriefings have to be provided for large scale disaster situations where regions are asked to assist neighboring regions.

When to Request a Debriefing

You should feel free to talk with the MCISD Team Coordinator in your area about the need for a debriefing any time you or your fellow workers are having difficulty dealing with an incident or when the nature of the incident suggests that a debriefing might be useful. Some key indicators of the need for outside help include changes in behaviors such as sleep patterns, disturbing mental images, mood swings, depression, and anxiety and continuation of stress symptoms beyond the first 48 to 72 hours or overwhelming stress symptoms in the first 24 to 48 hours following a stressful event.

Although the team usually works with a group, if only one person on a unit is having problems, the team can still be called for one-on-one assistance.

The MCISD team members in your area are there to help you and other emergency service workers who are experiencing normal symptoms of stress brought on by normal reactions to abnormal situations or events.

Call SYSCOM when you need them or think you might need them!