



These are challenging times and the indications are that things will become a lot harder before they become easier.

In terms of your CISM training, please remember what you have learned and why.

CISM is the umbrella term for essentially 5 different systems of support; individual support, RITS, CMB, Defusing and CISD.

## 1. Individual support

The SAFER-R Model is about providing immediate calm and can be used in almost all circumstances, although consider where you are and how long you have. The aims are re-establishing equilibrium, identify supports, help them find their own plan and take action. Remember not to focus on the why and how of the event, keep as far out of operational as you can. Don't say it will be alright, don't fix, just listen. And are they safe to drive home?

Remember: Stabilise

- Acknowledge the crisis
- Facilitate understanding
- Encourage effective coping
- Recovery or Referral

There is an expansion to remind you of points to include at Annex A

## 2. Rest Information Transition Services (Informational group)

Designed for teams of staff in a crisis/major incident situation ideally used once for teams at the end of the first exposure. Simple and only needing one person, it works almost like a filter before staff go home and can serve as a triage system for where more support is required.

The suggested times are:

10 minutes of information (facts of the situation, some stress reactions to look out for, how to help manage them as well as where to go for help)

20 minutes of refreshments, but in essence it's a safe space (management sanctioned) for sharing knowledge between teams before the transition out of work mode, to take a breather with safe, factual information alongside a cup of tea and opportunity to talk if needed. Talking, however, is not necessary as it is informational.

A RITS centre can be established and can be provided multiple times over the time of crisis.

## 3. Crisis Management Briefing (Informational group)

A versatile tool, use with mixed, large groups and can be provided by many other means than just face to face at regular intervals. Again, this works on the principal of clean, safe and trusted facts being stronger than lack of information to combat rumours, chaos and gain control of situations. It's about pulling communities together and assessing needs and pushing care information.

Usually requires a team of 2, one trained peer and one from management.

Step 1: Assemble participants

Step 2: Provide facts regarding the current crisis situation

Step 3: Discuss and normalize common behavioural / Psychological reactions

Step 4: Discuss personal stress management suggestions and guidelines. Also suggest actions that might assist the overall community. Finally, let the participants know about other resources that they may find helpful. Questions can be after step 2 or 4.

### Interactive group support

Designed for primary homogenous groups and never to be used with mixed teams. Must be led by 2 trained peers.

These are carried out considering that the positive factors of effective groups are:

Impart information, instil hope, altruistic, universal concepts, corrective recapitulation, use socialising techniques, initiate positive behaviours, interpersonal learning, group cohesiveness, catharsis.

These techniques are not therapy, counselling or clinical intervention.



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#### 4. Defusing (homogenous teams only)

Deployed before teams go home to deal with a specific event. Short and to the point to take into account shock and unprocessed reactions

Not to be used if the team have been through a RITS process

Goals - Mitigate the impact of the traumatic event, reduce cognitive, emotional and physiological symptoms, accelerate the recovery process, assess the need for CISD and other services and identify any individuals who may need additional assistance.

3 Phases:

INTRODUCTION – Introduce team; lay out the guidelines; lower anxiety about the process

EXPLORATION – Allows a brief discussion of the experience. A brief “story” of the event

INFORMATION – Provide information, normalize, teach, guidance, summarise key points

More information is at Annex B

#### 5. Critical Incident Stress Debriefing (homogenous teams only)

This happens 3-5 days after the incident

This is one tool in a broad package of crisis intervention and **should never be used as the only support measure**. The goals are: mitigation of the crisis response’ assist in the restoration of the group’s ability to function and identification of individuals within the small team who might need additional support or a referral for professional care.

The conditions for safe conduct are that people who conduct the CISD process are properly trained to do so and that the providers of the service must adhere to the standard of practice for the CISD homogeneous group support process that have been established and promulgated by ICISF. 7 stages are:

1. Brief introduction by the crisis team members

2. Brief situation review or a Facts phase

3. First impressions or Thought phase of the traumatic event

4. Aspects of the event that produced the greatest personal? impact on you or Reactions phase

5. Signals of distress

6. Stress information and guidelines for recovery or Teaching phase

7. Summary or Re-entry phase

**“More information is always better than less. When people know the reason things are happening, even if it’s bad news, they can adjust their expectations and react accordingly. Keeping people in the dark only serves to stir negative emotions.” - Simon Sinek**

**Angela Lewis**  
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### Annex A

#### Individual support

##### Stabilise - Immediate stabilisation by walking into the room

- Introduction
- Meet basic needs
- Mitigate acute stressors
- Confidential
- Limitations – time
- “Any questions?”
- Think water/phone calls

##### Acknowledge - Acknowledge the crisis

- Event and the Reactions
- They do most of the talking
- Hear the story
  - Listen
  - Reframe and summarise
  - “hunt the good stuff”
- Is there anything more to add?

##### Facilitate Understanding – Normalisation

- what’s normal/what’s not normal
- Remind them what they know
- Respond to what they’ve said in their story
- “is there anything I’ve missed?”

##### Encourage effective coping

- What do you normally do to cope with situations like this?
- Consider what the team/system can do
- Empower them
- Where possible, make it their suggestion
- How about...
- Hope and optimism

##### Recovery or referral (signpost)

- What do they need?
- Patient Safety?
- Any doubt, then no doubt
- Facilitate access to next level of care
- Leaflet

##### FOLLOW UP



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### Annex B

#### Defusing

##### Introduction Phase

- Introduce team members
- State purpose / describe process
- Motivate participants
- Set ground rules
- Stress confidentiality
- Not investigative
- No one forced to speak
- All viewpoints are important

##### Exploration Phase

- Ask for brief description of event
- Ask clarifying questions
- Group members share experiences of the event only as much as they wish
- Look for themes / concerns
- Assess need for more help
- Reassure as necessary

##### Information Phase

- Acknowledge / summarize the exploration provided by the group members
- Normalise experiences and / or reactions
- Teach key stress survival skills
- Emphasize taking care of self
- Rest / family life / stress management
- Offer additional help such as one-on-ones
- Practical exercise

##### COMMON GROUND RULES

- Participation voluntary
- No notes, recording devices
- Try to limit break until after group is finished
- Not operational critique, not investigation
- Not a "blame" session
- Not therapy, nor substitute for treatment



## Annex C

### Critical Incident Stress Debriefing

Sample Prompts:

#### Introduction

The CISM team members providing the CISD process spends about five minutes describing the process and laying out the basic guidelines.

#### Fact

“It would help if you could give us a very brief overview of what happened during the incident. We will start off over here on my left and go around the circle. Anyone who does not wish to speak may ‘pass’ and we will go right on to the next person. Going around the room gives everyone the opportunity to speak if they wish. We do not need elaborate details. Just a few lines that tell us who you are, what your job was during the event and a brief thumbnail overview of the situation will be enough.”

#### Thought

“What was your first or most prominent thought while you were going through the experience? Some people may have more personal thoughts and others might have had some strange thoughts. Whatever went through your mind is okay. So, your first thought when you realised you were actually thinking and not just functioning on an automatic mode? By the way, this is the last time we will go around the entire circle. After this if you want to join the discussion you can make a comment at any time.”

#### Reactions

“What was the very toughest thing about this event for you personally? What’s the bit that seems hardest to shift from your mind?”

#### Symptoms

“What signals of distress did you pick up in yourself either while the situation was going on or in the few days that have passed since it ended? In other words, how did your mind, your emotions, your body or behaviours react or change as a result of this traumatic event?”

#### Teaching

“Now that we have heard what happened, how you thought about it, the worst part and the signals of distress you have experienced we will give you some information which we believe will help to put things in perspective and help you recover and return to your normal duties and your home life.” The CISM team normalises the experience of the group members and provides practical guidelines to help them recover.

#### Re-entry

The main function of the re-entry is to answer any question from the group members and to summarise the discussion and provide any additional guidelines that can assist in their recovery.

Contraindications of a CISD –

Heterogeneous groups and primary victims of a tragedy. **The CISD process should only be used on homogenous groups.**

- Individuals. **Do not use a group process on individuals, especially wounded primary victims**, such as those who are: injured, in severe shock, ill, in physical pain, medicated, showing signs of psychosis, suicidal, hospitalised, bereaved, extremely fatigued, under severe emotional distress