



CISM BEYOND THE FRONTLINE

CORPORATE AND ORGANISATIONAL APPROACHES

CRITICAL INCIDENT STRESS MANAGEMENT

- **First developed to assist emergency operations personnel but now extended to include school systems, the business sector and the industrial sector**
- **It is based on four main foundational building blocks:**
 - **a) Crisis Intervention**
 - **b) Group Psychotherapy**
 - **c) Community Psychology**
 - **d) Peer Support**

PREDICTABLE AND FORESEEABLE RISK OCCUPATIONS

- Military
- Acute Medical Services
- Civil Defence
- Irish Prison Services
- Search and Rescue Services
- Fire Brigade
- Red Cross
- Irish Aviation
- National Ambulance Services
- Garda Siochana / Police Forces

OTHER GROUPS AT RISK OF TRAUMATIC INCIDENTS

Train Drivers

Bank Officials

Post Office Staff

CIT Workers

Miners

A & E Staff

Garage Staff

Betting Shop Staff

Healthcare / Careworkers / Social
Workers

Customs & Excise Officers



POTENTIAL TRAUMATIC WORKPLACE EVENTS

- Witnessing a person die
- Violent Physical Attacks
- Physical Threats
- Fire
- Attempted or completed suicide
- Explosion
- Robbery/Armed Robbery
- Major accident or disaster (body recovery & site investigation)
- Bomb Threats
- Intentional or unintentional release of chemicals or infectious agents

MAIN COMPONENTS OF CRITICAL INCIDENT STRESS MANAGEMENT PROGRAMMES.....

- Pre-incident training, planning, policy development, education
- Crisis Assessment
- Strategic Planning
- Individual Crisis Intervention
- Large Group Interventions (Demobilisation, Crisis Management Briefing)
- Small Group Crisis Interventions (Defusing, Critical Incident Stress Debriefing)

.....COMPONENTS OF CRITICAL INCIDENT STRESS MANAGEMENT PROGRAMMES

- Corporate Briefings
- Pastoral Intervention
- Family Support Services
- Referral Services
- Follow-up meetings
- Post Incident Education
- Links to pre-incident planning and preparation for the next crisis

IN REALITY HOWEVER.....

- Small organisations
- Few incidents
- Individual events vs group events
- Demands on resources
- Support is often provided by mental health professionals, occupational health staff, EAP counsellors
- External providers
- No peer support available
- Generally not the full range of CISM services – borrowing theory
- Civilians vs First Responders

SUICIDE OF AN EMPLOYEE

- Call from HR Manager requiring on-site counselling to support staff
- Crisis Assessment (what happened, who is affected, family requests, management concerns)
- Corporate debriefing (didactic, educational, informative, normalisation of reactions, provide structure, introduce 'experts')
- Information on available resources (EAP Services)
- Individual Intervention
- Follow-on referral
- Critical Incident Stress Management Training

STAFF MEMBER THREATENED AND ROBBED IN ARMED ATTACK

- Pre-incident training – HR, Line Managers
- Defusing by line manager at scene – provide psychological first aid
- Support provided by line manager at Garda Station
- Assistance provided if required to return home
- 24 – 72 hours at workplace - individual debriefing with workplace psychologist/external support specialist
- Leaflet, information, support phone numbers provided
- 1 week follow-up by phone or in person (may have returned to work or if not have GP cert)
- On-going ‘watchful waiting’ by line manager
- Referral to occupational health if required

NEEDLE STICK INJURY AT WORK

- Pre-incident training
- Hospital attendance for medical attention
- Review by Occupational Health Physician
- Referral to mental health professional for individual support (when appropriate) - PFA
- Respectful monitoring by HR/Line manager
- Provide ongoing psychological support through anti-retroviral drug process including at retest periods

WHATEVER THE TARGET POPULATION.....

- **Ensure you have an intervention protocol developed specifically for dealing with traumatic events**
- **It is a formal, highly structured and professionally recognized process**
- **It is aimed at helping those involved in a critical incident to share their experiences, vent emotions and learn about stress reactions and symptoms**
- **It provides for referral for further help if required**
- **It is confidential**
- **It is voluntary**
- **It is an educative process**
- **Is properly resourced in terms of appropriate training and relevant support structures**



Thank You

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