

APPALACHIAN SEARCH AND RESCUE CONFERENCE



MEDICAL ADVISORY COMMITTEE WHITE PAPER

STRESS MANAGEMENT

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comments to kconover@pitt.edu

Controversy

There are conflicting recommendations whether emergency services workers (**including ASRC members**) should or should not participate in formal Critical Incident Stress Debriefing sessions. The findings and recommendations below are based on the best evidence currently available, and are subject to change as additional evidence becomes available.

Background

- Over the past decades, the toll of psychological stress on emergency services workers, including SAR team members, has come under intense scrutiny. While there may be controversy over management options, the following are fairly well established, and until evidence shows to the contrary, are accepted by the ASRC Medical Advisory Committee.
- The stress from certain psychologically “critical incidents” may impact emergency services workers, including ASRC members, severely. In addition to the individual impact, this may also result in loss of ASRC members, adversely impacting our mission. Examples include
 - serious injury or death of an emergency services worker in line of duty
 - serious injury or death of a bystander from an emergency services operation
 - multiple deaths or serious injuries
 - serious injury or death of a child or infant
 - any situation that attracts an unusual amount of attention from the media
 - any loss of life after extraordinary and prolonged search and rescue efforts

- any situation that is charged with emotion and that causes an emotional response that is beyond normal coping mechanisms of emergency services worker
- Critical incident stress may result in the following.
 - Acute stress reactions are common, and result in psychological and physical illness, but are limited to a few weeks and tend to resolve.
 - Acute stress reactions may sometimes progress to delayed stress reactions or full-blown post-traumatic stress disorder in about 5-10% of cases.¹
 - It is thought that prior education about the signs and symptoms of acute stress reactions may help prevent progression to delayed stress reactions or post-traumatic stress disorder.
- Emergency services workers (e.g., fire, police, EMS, SAR) generally have personality traits that complicate psychological assessment and treatment:
 - obsessive/compulsive personality traits
 - like to be in control
 - are risk oriented
 - are action-oriented
 - “need to be needed”
 - are dedicated
- Emergency services workers, including ASRC members, will, during operations, have a high level of psychological stress compared to other occupations and voluntary pursuits.
- The combination of unique psychological characteristics with a high level of psychological stress may indicate different assessment or intervention strategies for emergency services workers, including ASRC members.
- One particular formalized method for dealing with emergency services workers exposed to critical psychological stress is Critical Incident Stress Management (CISM).
 - CISM most notably includes Critical Incident Stress Debriefing (CISD), a group psychological debriefing and counseling session usually held several days after a critical incident.
 - CISD had, over the past several decades, become routine and even mandatory for certain emergency services agencies’ personnel.
 - However, over the decade or so, CISD has come under increasing scrutiny, as controlled studies started showing it was either (a) useless, or (b) harmful, and no controlled studies showed it was helpful.²
 - A number of emergency services organizations have come out with policy statements recommending that emergency services workers not participate in either mandatory or voluntary CISD sessions.³⁻⁵

Summary of Findings

- Stress management is important, and should continue to part of the education of every ASRC member.

- CISD still has many passionate proponents, especially those with emotional investment or financial involvement. But to date, the preponderance of scientific evidence shows that CISD does not prevent harm and indeed may cause harm.

Specific Recommendations

- Stress management principles should continue to be part of the ASRC Training Standards, including basic principles of psychological first aid. The relevant portions of the Training Standards should be updated from time to time based on developing evidence in the field. An Appendix with recommended additions to the ASRC Training Standards is attached.
- ASRC Groups should adopt best practices for detecting and managing psychological stress, specifically:
 - offer anonymous screening for acute stress reactions after psychologically stressful incidents,
 - provide information for members to access psychological screening, and if necessary psychological intervention,
 - **do not** schedule, or allow external organizations to schedule, Critical Incident Stress Debriefing or similar **group** psychological debriefings for Group members after a psychologically critical incident, **and**
 - adopt policies strongly recommending that Group members **do not** participate in Critical Incident Stress Debriefing or similar post-incident group psychological debriefings when scheduled by other agencies after a joint operation; **and**
 - not prohibit informal and unstructured group discussions among willing Group members after stressful operations.
- The following standard practices are encouraged:
 - That Groups hold formal **operational** debriefings **after large, complex or stressful operations.**
 - ~~informal group discussions among willing Group members.~~
 - That ~~each~~ Groups establish ~~a~~ relationships with ~~a~~ local provider(s) of services for psychological stress and develop a mechanism for rapid referrals of individual members experiencing problems to providers of psychological counseling. Training in CISM/CISD does not impact the provider's ability to provide quality **individual** services.
 - ~~Each~~ That Groups ~~group~~ develop ~~an~~ internal mechanisms for referrals of Group members with concerns for individual counselling (i.e., make accepting concerns a formal responsibility of a Group member or officer).
 - ~~Use of psychological providers with training/experience in post-incident stress to provide individual debriefing/counselling for Group members. Training in CISM/CISD does not impact the provider's ability to provide quality individual services.~~

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Review of Available Evidence

CISD is a one-time, 1-3 hour intervention delivered in a group format, usually 2-14 days following the “critical incident.”⁶ It is also sometimes termed “psychological debriefing” to get away from the commercial and emotional baggage associated with the term “CISD.”

The International Critical Incident Stress Foundation is devoted to the promotion of CISD, and even has its own journal, *The International Journal of Emergency Mental Health*, which publishes articles supportive of CISD. Nonetheless, the scientific literature strongly and increasingly sees CISD as at best ineffective and at worst harmful.

A 2009 review from the prestigious and respected Cochrane Review said: “There is no evidence that single session individual psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents. Compulsory debriefing of victims of trauma should cease.”⁷ The authors went on to say: “A more appropriate response could involve a 'screen and treat' model.”⁸

There is some criticism of this Cochrane Review as it looked at randomized controlled studies of debriefing a single person as opposed to a group intervention specific to emergency services workers, but a more recent randomized controlled trial of group CISD in peacekeepers found no benefit.⁹

In a 2003 review in a psychology textbook, the authors say “Although the promotion of CISD continues with little diminution, the debate in the scientific community is all but over.”¹⁰

In a 2007 paper entitled *Psychological Treatments That Cause Harm*, Scott Lillienfeld listed CISD as #1 among ten psychological interventions that probably cause harm.¹¹

References

1. Ozer EJ, Best SR, Lipsey TL, Weiss DS. Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis. Annual Meeting of the International Society for Traumatic Stress Studies, 14th, Nov, 1998, Washington, DC, US; This article is based on a paper presented at the aforementioned meeting; 2008: Educational Publishing Foundation. p. 3.
2. Gist R, Devilly GJ. Post-trauma debriefing: the road too frequently travelled. *Lancet* 2002;360:741-2.
3. Bledsoe BE. Critical incident stress management (CISM): benefit or risk for emergency services? *Prehosp Emerg Care* 2003;7:272-9.
4. Group MoP-TSW. VA/DoD clinical practice guideline for management of post-traumatic stress. Washington (DC): Veterans Health Administration, Department of Defense 2010.
5. Health NIoM, Communications Oo, Liaison P, America USo. Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. 2002.

6. Everly GS, Flannery RB, Mitchell JT. Critical incident stress management (CISM): A review of the literature. *Aggression and Violent Behavior* 2000;5:23-40.
7. Rose S, Bisson J, Churchill R, Wessely S. Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews* (Online) 2002:CD000560.
8. Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care. Leicester (UK) 2005.
9. Adler AB, Litz BT, Castro CA, et al. A group randomized trial of critical incident stress debriefing provided to U.S. peacekeepers. *J Trauma Stress* 2008;21:253-63.
10. Lohr JM, Hooke W, Gist R, Tolin DF. Novel and controversial treatments for trauma-related stress disorders. 2003.
11. Lilienfeld SO. Psychological treatments that cause harm. *Perspectives on psychological science* 2007;2:53-70.

APPENDIX:

PROPOSED EDUCATIONAL OBJECTIVES FOR STRESS MANAGEMENT FOR ASRC FIELD TEAM MEMBERS

1. Define the critical incident stress concept and describe at least one potential long-term consequence of an unresolved stress reaction.
2. Describe four major psychological characteristics of emergency services workers.
3. Give three examples of incidents that are, in psychological terms, extremely stressful.
4. Give one example each of the physical, emotional, cognitive, and behavioral effects of an immediate stress reaction.
5. List four signs or symptoms of a delayed stress reaction.
6. For each of the following stress management considerations during an operation, give one recommendation that **is not** specific to backcountry search and rescue:
 - a. shift length,
 - b. briefing about expected sights or smells,
 - c. body part recovery,
 - d. food,
 - e. soap and water for hand-washing,
 - f. caffeine and tobacco use, and
 - g. relief of those with behavioral clues suggesting the beginning of a stress reaction.
7. For each of the following stress management considerations during an operation, give one recommendation that **is** specific to backcountry search and rescue:
 - a. the experience and "hardening" of wilderness search and rescue personnel,
 - b. the role of cumulative stress in wilderness search and rescue,
 - c. the constant nature of environmental stress for wilderness search and rescue personnel, and

- d. the need for mental health workers at base camp, especially mental health professionals, to use restraint in "pulling" personnel, lest this cause additional stress.
- 8. Describe how to implement psychotherapeutic "first aid" during a backcountry search and rescue operation; specifically, give one "first aid" recommendation for those showing signs of psychological stress related to each of the following:
 - a. rest breaks,
 - b. behavioral clues to an immediate stress reaction,
 - c. sensory isolation, and
 - d. the failure of group psychological debriefing (Critical Incident Stress Debriefing) after a critical incident to improve outcomes.
- 9. Describe how to access psychological support for a team member who is exhibiting signs of post-incident stress.