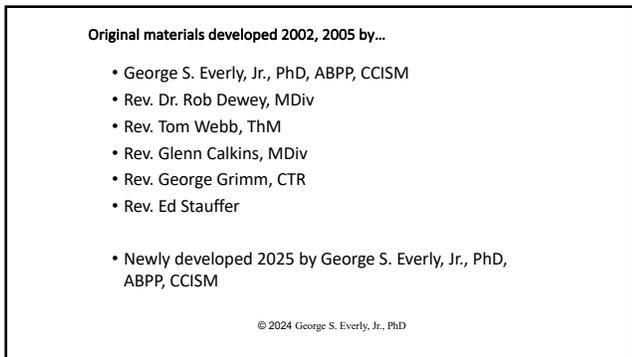


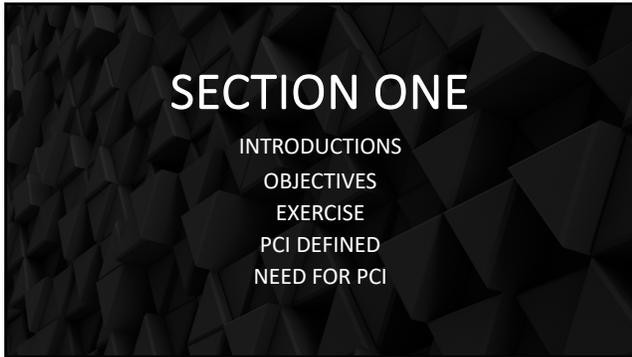
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2



3



4



5

Rabbi Manny is the Senior Rabbi and Congregational Leader of Baruch HaShem Assembly Messianic Jewish Congregation in Del Rio, TX. He is also an Assistant Rabbi at Baruch HaShem Messianic Jewish Congregation in San Antonio, TX as well as the Texas State Representative with the National Jewish Fellowship. He is licensed with the Assemblies of God and the International Alliance of Messianic Congregations and Synagogues (IAMCS). In addition, he is a member of the Union of Messianic Jewish Congregations (UMJC).

He has studied at the Institute of Jewish and Christian Studies, Global University, the Kings University as well as the IAMCS Yeshiva.

He and his wife Barbara have been married for 36 years. They both have three children, Manny III (34), Miguel (29), and Mariela (26) – as well as their son-in-law, Bruce George and their daughter-in-law, Gina Rodriguez.





6

Rabbi Manny, is originally from Las Cruces, NM and a US Army Veteran from 1987-1993. He also served as Correctional Officer for the New Mexico Department of Corrections from 1994-1997. Afterwards, he served in the United States Border Patrol from 1997-2021, retiring from Del Rio Sector. During his time in the Border Patrol, he served as Senior Patrol Agent, the Eagle Pass Station Chaplain, the Del Rio Sector Chaplain, the USBP National Chaplain and the Del Rio Sector Agent Support Coordinator.

Rabbi Manny was one of the original developers of the Border Patrol Chaplaincy Program as well as the National Chaplaincy Academy. He assisted in the development of the US Border Patrol National Response Manual, the National Chaplaincy Policy, and authored the In-depth Resource Review to the Nexus of the Chaplaincy Program to the Chief's Mission of the United States Border Patrol. Rabbi Manny also assisted in developing the Border Patrol Support Program's operations during Police Week. He has served as Incident Commander over significant events and officiated over funerals for Border Patrol, CBP and other Law Enforcement Agencies.

He is currently a Pastoral Crisis Intervention instructor with the International Critical Incident Stress Foundation (ICISF).



7



Jimmy Stout

In 2003, the first Border Chaplaincy (BORCHAP) was held in Del Rio, TX. The Academy graduated 17 Chaplains from both Del Rio Sector and El Paso Sector. The instructors were: Adan Gonzales, Frank Lopez Jr., Manny Rodriguez, Dave Busby and Jimmy Stout.

8

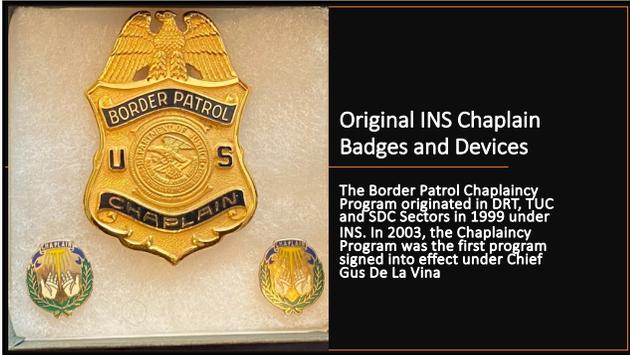


Old Patrol Chaplains

- Martin Wilson
- Adan Gonzales
- Kevin Thatcher
- Manny Rodriguez



9



10

Contact Information for Rabbi Manny

- CP: (830) 719-1874
- WP: (830) 703-0190
- Mailing Address: P.O. Box 420173, Del Rio, TX 78842
- Email: rabbimanuel@gmail.com
- Website: baruch-hashem.net



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES...

11

INTRODUCTIONS

- NAME
- AGENCY
- DUTY LOCATION/STATION
- TIME IN SERVICE
- SINGLE or MARRIED
- WHY AM I HERE?
- WHAT WOULD YOU LIKE TO LEARN MOST FROM THIS TRAINING?



✓

12



13



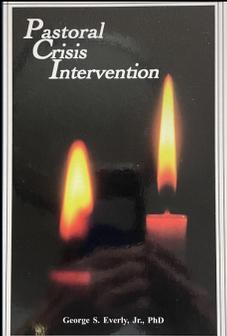
14

The purpose of this course is to improve the ability of the participants to practice "Pastoral Crisis Intervention" (PCI). This is an "entry-level" class.

PCI may be thought of as the practice of **psychological crisis intervention** within a spiritual/ religious context.

The purpose is NOT to teach theology.

*Pastoral
Crisis
Intervention*

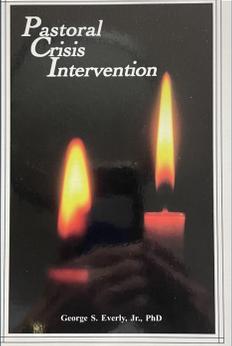


George S. Everly, Jr., PhD

15

It is assumed that attendees have NOT had SAFER-R PFA training previously!

This class is the "pastoral" equivalent to the ICISF Assisting Individuals in Crisis.



16

Disclaimer

In designing any seminal work numerous challenges are faced, not the least of which is naming the work. In researching the use of the term "pastoral," it was discovered that the term "pastoral" refers to the process of shepherding, which really means care for the collective. It was not restricted to Christianity or any other religion by denotation. Nor is it restricted to any one spiritual orientation.

It is incorrect to think this course is about spiritual intervention or religious interventions exclusively. It's about psychological crisis intervention within spiritual and religious contexts. Sometimes spiritual and religious tools may be used but not exclusively.

Thus, simply said this course is designed to teach psychological crisis intervention, not theodicy nor theology.



17

WARNING!



In the discussion of the nature, and applications of any form of crisis intervention we will introduce topics that may be distressing to participants. If indeed you find such discussions too distressing feel free to leave the room or not participate in that element of this class.

18

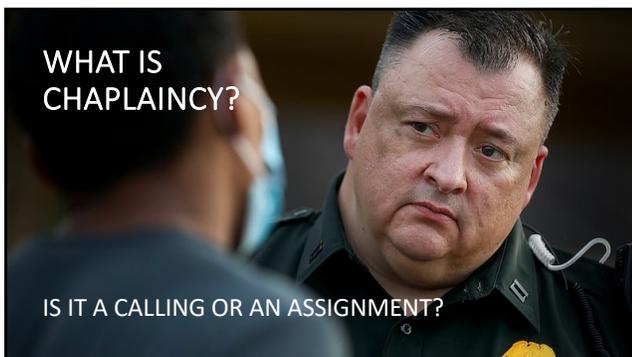
PCI - ASSISTING INDIVIDUALS IN CRISIS - Topical Outline

Section 1	Introductions, Objectives, Exercise, PCI defined, Need for PCI
Section 2	SAFER-PFA (Psychological First Aid)
Section 3	Key Terms and Concepts
Section 4	Listening, Assumptions, Paraphrasing for Empathy
Section 5	Common Psychological Reactions in Crisis
Section 6	PCI Intervention Mechanisms of Action (Practice)
Section 7	The SAFER-Revised PFA Model of Individual Crisis Intervention (Practice)
Section 8	Challenges Implementing the SAFER-Revised Model of Individual Crisis Intervention and Suicidal Ideation, Wrap-up (Practice)

19

- OBJECTIVES: Participants will...
- 1. Be able to define Pastoral Crisis Intervention (PCI).
 - 2. Understand and differentiate the key terms and concepts relevant to the study of psychological crisis intervention and PCI.
 - 3. Be able to describe the 5 functional elements of PCI.
 - 4. Understand the nature and definition of Critical Incident Stress Management (CISM) and its role as a continuum of care.
 - 5. Understand the risks of iatrogenic "harm" associated with psychological crisis intervention and will further understand how to reduce those risks.
 - 6. Review research relevant to the practice of psychological crisis intervention.
 - 7. Be able to list at least three goals of crisis intervention.
 - 8. Be better to recognize at least five common psychological and behavioral reactions of someone in crisis.
 - 9. Understand and PRACTICE the steps in the SAFER-R model of individual psychological crisis intervention/ PFA.
 - 10. Understand and PRACTICE the SAFER-R model for suicide intervention.

20



21



Then I heard the voice of Adonai saying:
 "Whom should I send, and who will go
 for Us?"

So, I said, "Hineni (here I am). Send me"
 - Isaiah 6:8 (TLV)

Here's Your Chance...

22

EXERCISE

I'm religiously devout and sadly my family member committed suicide.
 I'm coming to you for assistance.
 I'm plagued and concerned that my loved one is not in Heaven.
 All I need for you to do is tell me that my loved one is in Heaven.
 Can you do that for me?

Break-out into groups of two or three and answer this question

23

EXERCISE

How did it go?
 What did you say?
 Did you make it theological?

24

EXERCISE

**Does it need to be a theological answer?
Or are they simply being cathartic, trying
to make sense of things?**

25

QUESTION

**What is the biggest question that people
ask when something bad happens?**

26

WHY?

**Why did this happen Chaplain?
Tell me why Chaplain!
You're the expert!**

27

EXERCISE

**Do you know why?
How does this affect your response?
What is your response?**

28

Ministry of Presence

This is the greatest resource for a Chaplain

**"I don't know why this happened"
"I'm sorry that you're going through this"
"I can't imagine what you're feeling"
"I'm here for you"**

29

Ministry of Presence

A Chaplain steps into people's lives not to command them, but to serve, listen, and care, often in their most vulnerable moments

Chaplains meet people in grief, trauma, and confusion, bringing presence before solutions

By their presence, Chaplains remind people — sometimes without words — that God has not abandoned them

30



31



32



33



34

“Pastoral crisis intervention” (PCI) is the term coined by Everly (2000, 2007) representing *“the functional integration of psychological crisis intervention with pastoral care.”*

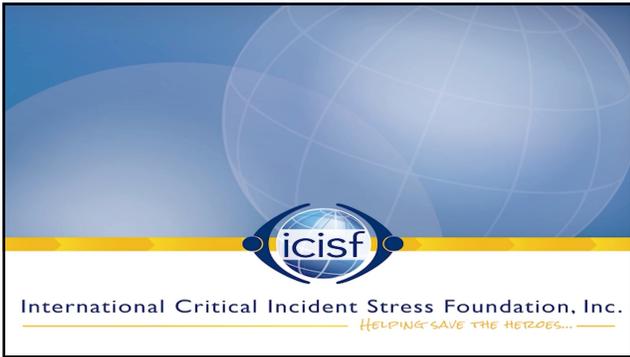
Everly, G.S., Jr. (2007). Pastoral Crisis Intervention. Elllicott City, MD: Chevron.

Everly, GS, Jr. (2000). The role of pastoral crisis intervention in terrorism, violence, and disasters. International Journal of Emergency Mental Health, 2,139-142

35



36



37

THE NEED FOR PCI

Faith-based leaders (pastors, chaplains, deacons, youth group leaders, non-ordained faith leadership, faith-based disaster response personnel) are often approached in crises when in spiritual and/or psychological distress. Although well-trained in their faith-based practices, they are often ill-trained to respond to crises of a psychological nature:::

38

Remember the term “pastoral” means to shepherd, to care for, or to protect. It is generically applicable across religions and spiritual traditions.

The term **chaplain** came to refer more broadly to any **clergy member serving in a special institutional context**—such as the military, hospitals, prisons, schools, or law enforcement—rather than in a regular church or synagogue

39

PCI is an effort to “shepherd” individuals from psychological distress and dysfunction to resilience and restoration.

Everly, GS., Jr. (2000). Pastoral crisis intervention: Toward a definition. *International Journal of Emergency Mental Health*, 2, 69-71.



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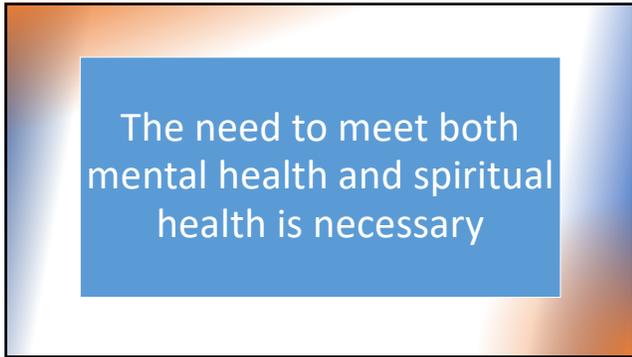
While PCI may employ individual, family, small group, and large group interventions, we will focus on intervention with individuals experiencing a crisis. Which means that we are concerned more with the response rather than the event

41

THE NEED & RATIONALE



42



43



"Mental health has large intrinsic value as it relates to the core of what makes us human," thus anything that threatens the mental health of large numbers of people threatens the core fabric of society itself" (United Nations, 2020, p. 5).

Violence is increasing, especially in urban areas. School shootings seem common. Economic hardships abound. Disasters are increasing.
It's not a matter of IF, it's a matter of WHEN the next pandemic strikes (< 10 years)

United Nations (2020). *COVID-19 and the need for action on mental health*. Geneva: United Nations

44

On January 29, 2024, just 5 days before his 54th birthday, the iconic "Sesame Street" character Elmo unwittingly asked his followers on social media, "How is everybody doing?"

The question spawned around 200 million views and over 15,000 responses and became an international news story. Called a "trauma dump," the New York Times asserted the question opened a "yawning chasm of despair."

A national epidemic of loneliness, depression, and anxiety was revealed.



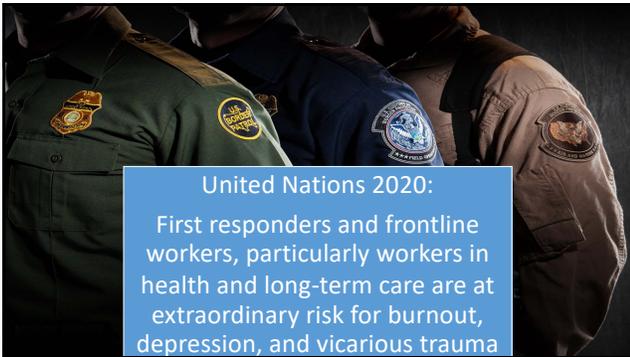
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Who is likely more at risk for loneliness, depression and anxiety?
This would include burnout



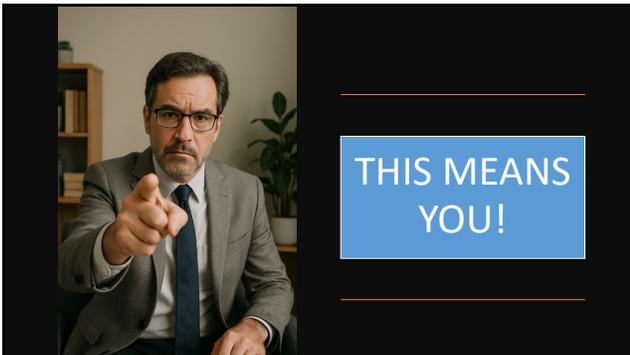
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United Nations 2020:
First responders and frontline workers, particularly workers in health and long-term care are at extraordinary risk for burnout, depression, and vicarious trauma



47

THIS MEANS YOU!



48

There is an epidemic of severe and acute life stressors, depression, anxiety, meaningless social contacts, anger, and emptiness.

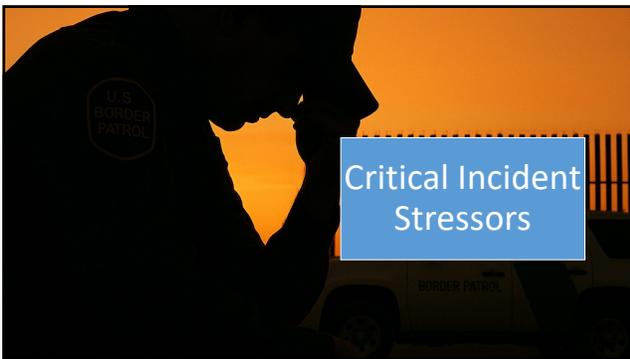
The supply of clinicians in selected behavioral health professions will be approximately 250,000 short of the projected demand in 2025 alone.

Access to crisis trained mental health providers is limited in the wake of adversity and disaster, and even more so in geographically isolated areas

Law Enforcement is not exempt from this crisis – do you think this is generational among LEOs?



49



Critical Incident Stressors

50

CRITICAL INCIDENT STRESSORS
 Challenging events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms



51



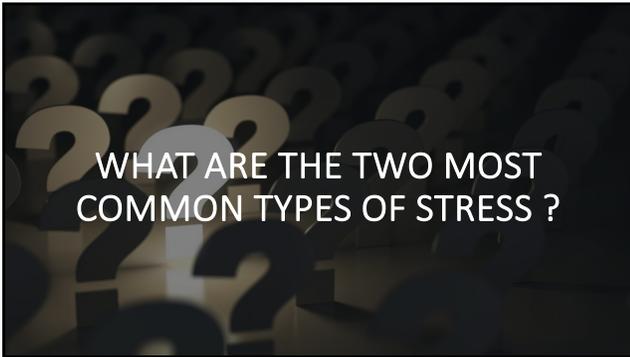
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TWO TYPES OF STRESS

- **DISTRESS: NEGATIVE**
 - Stress that causes anxiety, sorrow or pain
 - Drains your energy, reduces performance, and is harmful to your health
- **EUSTRESS: POSITIVE**
 - Beneficial form of stress that can be fulfilling emotional, mental and spiritual
 - Motivates, boosts performance and promotes health

56

Which Type of Stress Effects LEOs the Most?

LEOs are often more affected by distress

Distress for LEOs can be individual or collective

57



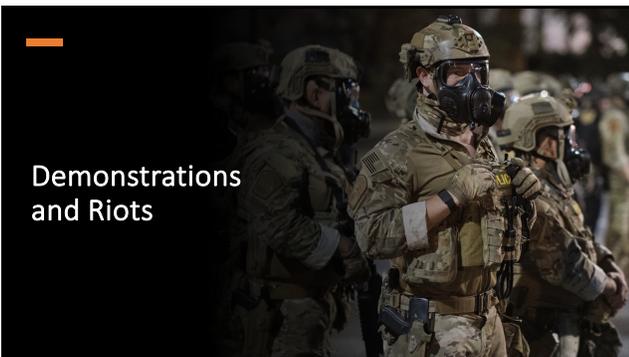
Vehicle Accidents: Small

58



Vehicle Accidents: Large

59

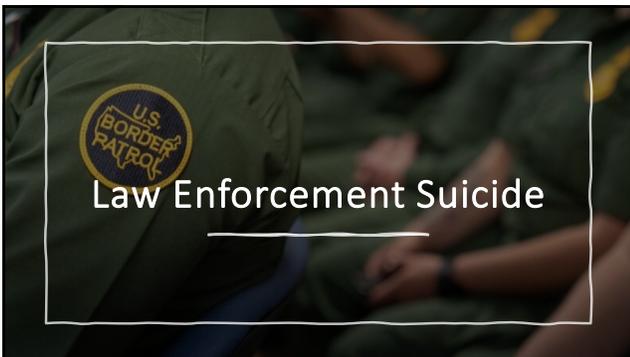


Demonstrations and Riots

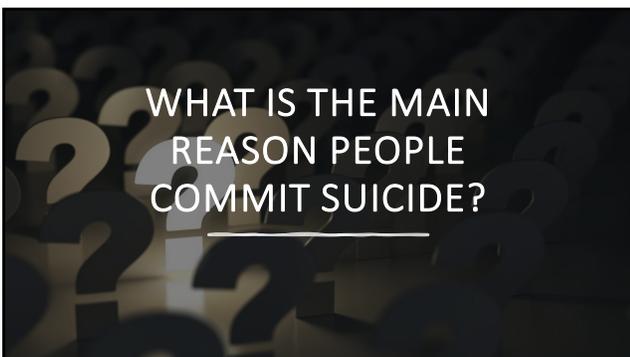
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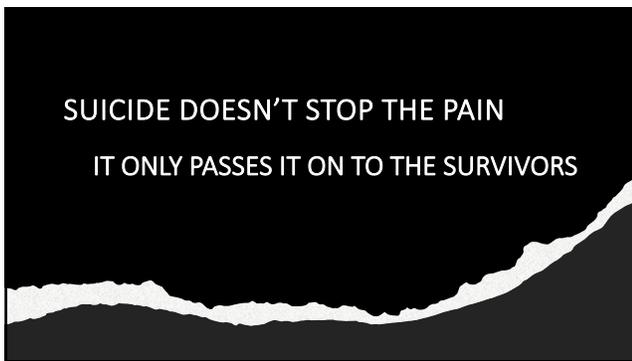
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69



School Shootings: Uvalde, TX (2022)

70



Pandemics

71



Natural Disasters: Floods
(Texas Hill Country 2025)

72



73



74



75



76



77



78



WHY ARE LAW ENFORCEMENT OFFICERS DIFFERENT?

79

WHY ARE LAW ENFORCEMENT OFFICERS DIFFERENT?

- 1. LEOs are seen as authority figures (us vs them)
- 2. LEOs are isolated (oftentimes from society and family)
- 3. LEOs are quasi-military and structured (goal orientated)
- 4. LEOs often work on rotating shifts (negatively impacts the circadian rhythm)
- 5. LEOs operate through camaraderie (loss can become more difficult/stressful)

80

WHY ARE LAW ENFORCEMENT OFFICERS DIFFERENT?

- 6. LEOs experience different types of stress (specifically "burst-stress")
- 7. LEOs need to be in constant emotional control (under extreme circumstances)
- 8. LEOs only see in black and white (no gray areas)
- 9. LEOs live and operate in a "negative world" (they see the worst society has to offer - sometimes daily)
- 10. LEOs' families are affected by their job (sometimes the children are unfairly judged)

81

Law Enforcement by definition, is a closed society and it is a culture different from any other.

Because of this, Law Enforcement Officers have a very difficult time trusting anyone from the outside. Especially, when it comes to discussing private issues, seeking help, emotionally, mentally and spiritually

WHY DO YOU THINK LEOs HAVE A DIFFICULT TIME UTILIZING CHAPLAINCY OR OTHER SUPPORT PROGRAMS?

82

TRUST is essential for a viable society.

Whom do you trust?

According to a national survey released February 15, 2023, and conducted by Gallup and the Knight Foundation,

50% of respondents believe national news organizations fail to have the public's best interest in mind and intend to deceive.

83

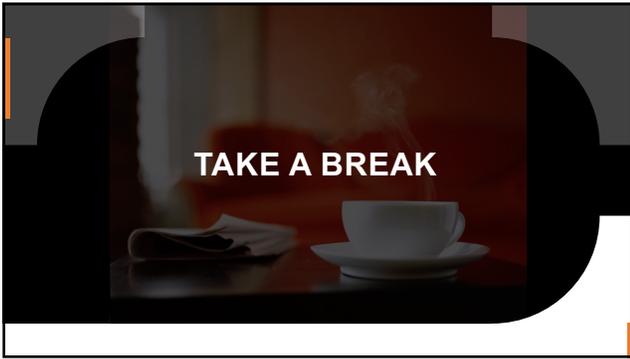


Interpersonal Support is Based Upon TRUST

How Can Chaplains Earn Trust?

Ministry of Presence

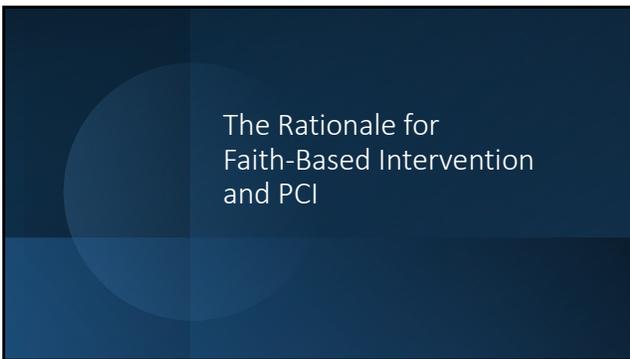
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85



86



87

Rationale for Faith-related Crisis Intervention and PCI

1. 81% of Americans Believe in God (GALLUP, 2022)
2. 80% of Americans say they practice some type of religion or spirituality (Gallup News, 2023)
3. As many as 72% of adults in the United States identify religion as an **important influence in their lives** (Gallup, 2018)

88

SUPPORT DURING A CRISIS

59% of people surveyed after the World Trade Center Disaster 2001 said they were likely to seek support from a spiritual counselor, compared to

- 45% primary care MDs,
- 40% mental health professionals (ARC, 2001, Ripple Effect)
- Clergy are frequently the first, and sometimes only, help sought by those experiencing a crisis (Drescher & Foy 2010; Koenig, 2006).

89

SOMETHING TO THINK ABOUT

<p>IS THERE A SPIRITUAL DYNAMIC IN LAW ENFORCEMENT?</p> <ul style="list-style-type: none"> • WHAT'S YOUR ANSWER? 	<p>IS THERE A NEED TO ADDRESS THE FAITH DYNAMIC IN LAW ENFORCEMENT?</p> <ul style="list-style-type: none"> • IF SO, WHY?
---	---

HOW DOES SPIRITUALITY HELP?

90

SPIRITUALITY

• Predicts reactive resilience

• Schwalm, F. D., Zandavalli, R. B., de Castro Filho, E. D., & Lucchetti, G. (2021). Is there a relationship between spirituality/religiosity and resilience? A systematic review and meta-analysis of observational studies. *Journal of Health Psychology*, 1-15. <https://doi.org/10.1177/1359105320984537>

• Predicts psychological “immunity” against distress (proactive resilience)

• Burnett, H.J. et al. (2022). Revisiting proactive and reactive pathways to resilience among cism-trained responders and general population participants: mechanisms that contribute to building overall psychological body armor™. *Crisis, Stress, and Human Resilience: An International Journal*, 3 (4) online.

91

Religious Participation and Flourishing

Participation in religious services is associated with numerous aspects of human flourishing, including happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, and close social relationships. Evidence for the effects of religious communities on these flourishing outcomes now comes from rigorous longitudinal study designs with extensive confounding control. **The associations with flourishing are much stronger for communal religious participation than for spiritual-religious identity or for private practices.** [Abstract]

VanderWeele, T. J. (2017). Religious communities and human flourishing. *Current directions in psychological science*, 26(5), 476-481.



92

Religious participation and physical and mental health

Religious participation contributes to physical and mental health, and subjective wellbeing, through shaping behavior, creating systems of meaning, altering one’s outlook on life, building community and social support, supporting moral beliefs.

It is communal forms of religious participation, rather than merely private practices, that most powerfully affect health.

Religious communities and persons can promote health through caregiving, health promotion interventions, spiritual care in medical and end-of-life settings, forgiveness interventions, and by simply offering a form of meaningful communal participation.

VanderWeele, T. J. (2017). Religion and health: A synthesis. *Spirituality and religion within the culture of medicine: From evidence to practice*, 419, 357-401.

93

Faith Steadies the One in Crisis

“Moses’ hands grew heavy, so they took a stone, put it under him, and he sat down. Aaron and Hur held up his hands, one on each side. So, his hands were steady until the sun went down” – Exodus 17:12

We Can Gain Strength From One Another

“And do not neglect our own meetings, as is the habit of some, but encourage one another—and all the more so as you see the Day approaching” – Hebrews 10:25



94



10-18?

I’m 10-13

We gain strength from one another. Whether we believe that we can do things on our own or not – when we have “back-up” we become stronger mentally, emotionally and spiritually.

How do you feel when you know that back-up is on its way?

Chazak, chazak, v’nitchazek!
Be strong, be strong and be strengthened!

“Have I not commanded you? Chazak! Be strong! Do not be terrified or dismayed, for Adonai your God is with you wherever you go” – Joshua 1:9

95

THE NEED FOR PCI

Faith-based leaders (pastors, chaplains, deacons, youth group leaders, non-ordained faith leadership, faith-based disaster response personnel) are often approached in crises when in spiritual and/or psychological distress. **Although well-trained in their faith-based practices, they are often ill-trained to respond to crises of a psychological nature.**



96

BENEFITS OF HELPING

Data from the Health and Retirement Study, a national sample of U.S. adults aged >50 (N = 9,662) Participants who reported ≥100 hr/year of informal helping (vs. 0 hr/year), had a lower mortality risk.



• Julia S Nakamura, et al. Who Benefits From Helping? Moderators of the Association Between Informal Helping and Mortality, *Annals of Behavioral Medicine*, Volume 57, Issue 12, December 2023, Pages 1058–1068.

97

Crisis Intervention (PFA) Training : Trainee Benefit

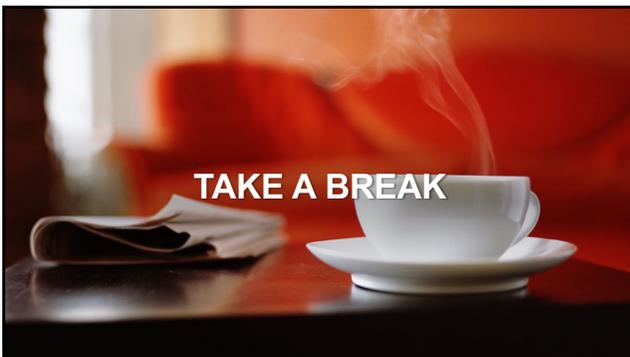
Noulet, C. J., Lating, J. M., Kirkhart, M. W., Dewey, R., & Everly Jr, G. S. (2018). Effect of pastoral crisis intervention training on resilience and compassion fatigue in clergy: A pilot study. *Spirituality in Clinical Practice*, 5(1), 1.

Clergy who received training in PFA evidenced significantly higher resilience scores (d .95) and significantly lower compassion fatigue scores (d .71), including burnout and secondary traumatic stress, approximately one year after the training.



98

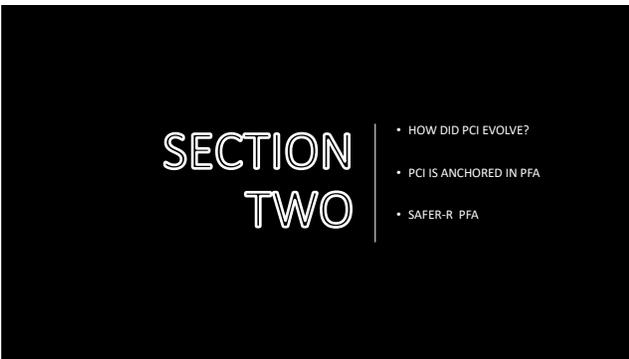
TAKE A BREAK



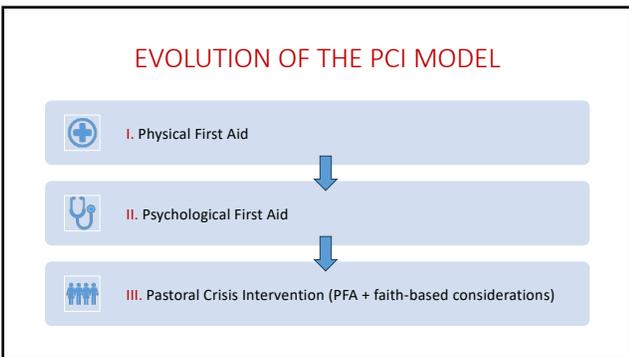
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100



101



102

I. 5 Steps in Physical First Aid

- 1 - Stabilize
 - Introduction
 - Stabilize anatomical, physiological
- 2 - Dx
 - Assessment, Info gathering
 - "What hurts?" "What happened?" "How bad is it?"
- 3 - Check
 - Check for accuracy
- 4 - Intervene
 - Apply a "band-aid"
- 5 - Next
 - Facilitate next steps, Make a plan. Advanced care?

103

II.

Psychological First Aid (PFA) is adapted from the notion of physical first aid and follows a similar structure.



104

"A little help, rationally directed and purposely focused at a strategic time, is more effective than extensive help given at a period of less emotional accessibility" (Rapoport, 1965).

The effects may last more than two decades (Solomon, et al., Am J Psychiatry, 2006)

105

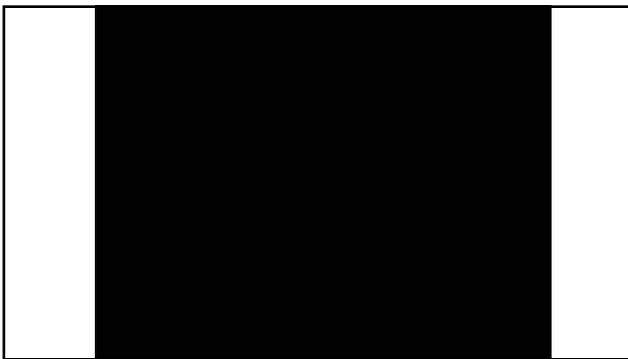
Psychological First Aid (PFA) is the Response to a Psychological Crisis:

Psychological Crisis is an acute RESPONSE to a trauma, disaster, or other critical incident wherein:

- Psychological homeostasis (balance) is disrupted (increased stress)
- One's usual coping mechanisms have failed
- There is evidence of significant distress, disorientation, **impairment/ dysfunction**
- There is a potential for dangerous and/or maladaptive behavior



106



107

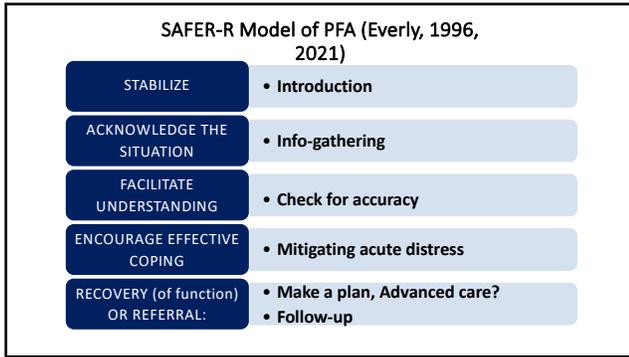
What is it?



• *Psychological first aid* may be defined as a compassionate and supportive presence designed to 1) stabilize acute distress, 2) mitigate acute distress (instill hope), and 3) facilitate access to continued mental health care, if indicated. PFA is a subset of Psychological Crisis Intervention.

• (adapted from Everly and Flynn, UEMH, 2005)

108



109

III.
 Pastoral Crisis Intervention

“Pastoral crisis intervention” (PCI)
“the functional integration of psychological crisis intervention with pastoral care.”

PFA + Faith-based Perspectives

110

ANALYSIS OF EXERCISE

I’m religiously devout and sadly my family member committed suicide. I’m coming to you for assistance. I’m plagued and concerned that my loved one is not Heaven. All I need for you to do is tell me that my loved one is in Heaven. Can you do that for me?

How would you answer this differently?

111

Let's take a deeper dive into SAFER- PFA with individuals in crisis...



112

PSYCHOLOGICAL CRISIS INTERVENTION



BUILDING A MODEL OF PFA: 5 SIMPLE
STEPS

113

BUILDING A MODEL OF PFA: STEP 1



114

BUILDING A MODEL OF PFA: STEP 2



115

What Could Possibly Go Wrong?!?

3 Common Mistakes ...

116

CAREFUL!

Anything that blurs one's ability to listen and respond objectively.

Most often, it's one's own values, attitudes, and personal history.

COUNTERTRANSFERENCE

117

COUNTERTRANSFERENCE MISTAKE

- Info-gathering



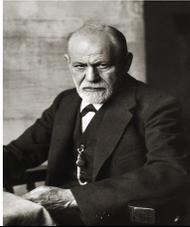
Based upon PERSONAL IDENTIFICATION
via shared experiences.
Peers beware!

118

According to Freud ...

Positive
OR

Negative Countertransference can Blur Objectivity



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"FIX IT" MISTAKE

- Info-gathering:
- "What happened?"
- "What hurts?"



- RUSH TO
- Offering solutions to "fix" what happened
- USUALLY A MISTAKE!

120

BUILDING A MODEL OF PFA: STEP 3

STABILIZE	• Introduction
ACKNOWLEDGEMENT	• Information-gathering
FACILITATE UNDERSTANDING	• Check for Accuracy • Use paraphrasing • Ask "worst part?"

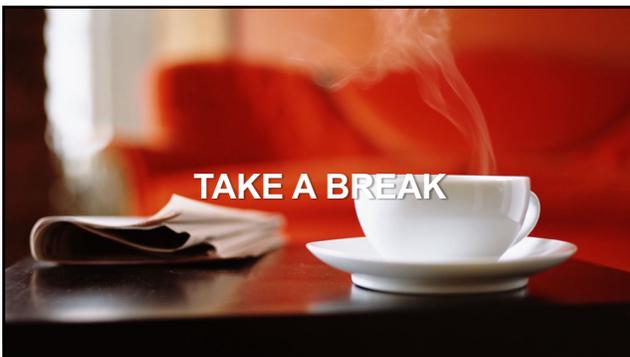


121

BUILDING A MODEL OF PFA: STEP 4

STABILIZE	• Introduction
ACKNOWLEDGEMENT	• Info-gathering
FACILITATE UNDERSTANDING	• Check for accuracy
ENCOURAGE EFFECTIVE COPING	• Mitigating acute symptoms

122



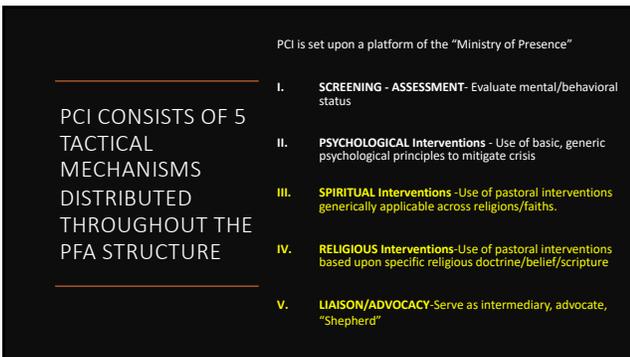
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Mechanisms of in the SAFER-R Model of PFA
(Everly, 1996, 2021)

ENCOURAGE EFFECTIVE COPING

PSYCHOLOGICAL

Questions
 "What would be most helpful, right now?"
 "What has helped in the past?"

Suggestions
 Anticipatory Guidance
 Explanatory guidance
 Prescriptive Guidance

SPIRITUAL

Scriptures
 Prayer
 Ceremonies
 Rituals

RELIGIOUS

Scriptures
 Rituals
 Prayer
 Ceremonies
 Sacraments

127

BUILDING A MODEL OF PFA: STEP 5

STABILIZE	• Introduction
ACKNOWLEDGE THE SITUATION	• Info-gathering
FACILITATE UNDERSTANDING	• Check for accuracy
ENCOURAGE EFFECTIVE COPING	• Mitigate acute distress
RECOVERY (of function) OR REFERRAL:	• Make a plan. Follow-up

128

SAFER-R PCI Model of PFA (Everly, 1996, 2021)

STABILIZE	• Introduction • Set expectations for the conversation • Limitations?
ACKNOWLEDGE THE SITUATION	• Info-gathering Questions – “What prompted you to reach out?” • Clarifications → I. SCREENING, ASSESSMENT
FACILITATE UNDERSTANDING	• Paraphrases • Accuracy • Empathy • Introspection
ENCOURAGE EFFECTIVE COPING	• II. PSYCHOLOGICAL. III. SPIRITUAL. IV. RELIGIOUS
RECOVERY (of function) OR REFERRAL:	• Make a plan (V. LIAISON, ADVOCACY?) • Follow-up

129

SECTION THREE
CORE TERMS AND CONCEPTS

130

“VOCABULARY IS A BEAST FEW CAN MASTER. IT HAS THE POWER TO INFORM OR MISLEAD. IF NOT TAMED IT WILL SURELY LEAD TO CHAOS.”

“REGARDING THE USE OF WORDS, NEVER HAVE SO FEW CONFUSED SO MANY ABOUT SOMETHING SO IMPORTANT.”

131

KEY TERMS & CONCEPTS

1. Critical Incident
2. Psychological Crisis Response
3. Crisis Intervention
4. Resilience
5. Critical Incident Stress Management (CISM)
6. Is Psychological Crisis Intervention Effective?



132

Definition – Critical Incidents

CRITICAL INCIDENTS (Stressors) are unusually challenging events that have the potential to create significant human distress and can overwhelm one’s usual coping mechanisms. They manifest in three basic types:
1) emergencies,
2) disasters,
3) catastrophes.

133

Terrorism: A Special Case

Terrorism may be understood from several perspectives:

1. From a law enforcement perspective, terrorism may be thought of as the premeditated and **unlawful use, or threatened use, of force or violence** as a coercive or punitive agent.
2. From a military perspective, terrorism represents **war waged against civilians** (Carr, 2002).
3. From a psychological/ behavioral perspective, terrorism represents **psychological warfare**. The psychoactively toxic mechanism inherent in terrorism is **demoralization**. Its behavioral corollary is **capitulation**. (Everly & Castellano, 2005).

134

For a series of incident or response-specific analyses of disasters and intervention prescriptions refer to...

Everly, GS, Jr. When Disaster Strikes: Inside Disaster Psychology *Psychology Today* online blog
When Disaster Strikes: Inside Disaster Psychology | Psychology Today
<https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology>

135

<p>Definition –</p> <p>Psychological Crisis</p>	<p>The psychological DISTRESS in response to critical incidents such as emergencies, disasters, traumatic events, terrorism, or catastrophes is called a PSYCHOLOGICAL CRISIS</p>
---	--

136

<p>Psychological Crisis Response</p> <p>An acute RESPONSE to a trauma, disaster, or other critical incident wherein:</p> <ol style="list-style-type: none"> 1. Psychological homeostasis (balance) is disrupted (increased stress) 2. One's usual coping mechanisms have failed 3. There is evidence of significant distress, impairment, dysfunction <p><small>(adapted from Caplan, 1964, Preventive Psychiatry)</small></p>

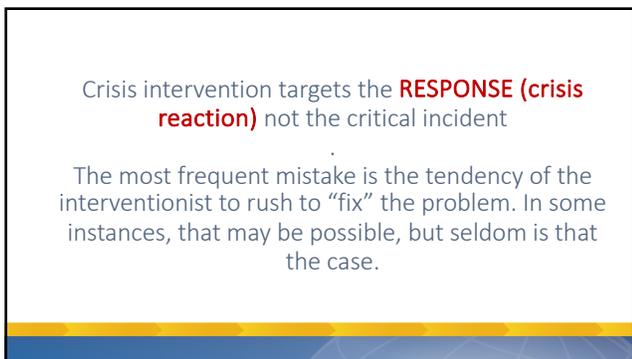
137

<p>Definition –</p> <p>Psychological Crisis Intervention</p>	<p>A psychological or behavioral intervention designed to reduce the intensity or duration of a crisis response.</p>
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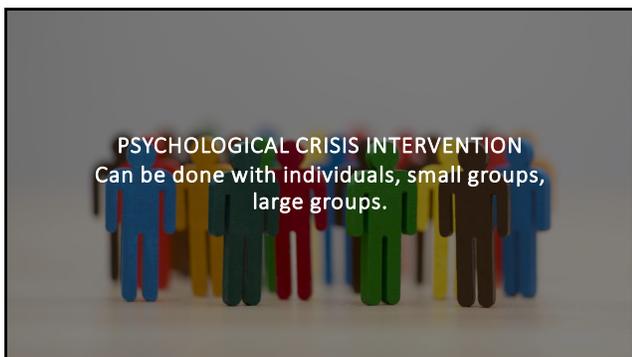
138



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141

Psychological crisis intervention dates back to WWI.

- Traditional treatment returned 15% back to service
- Crisis Intervention returned 70% back to service



142

Military distilled the working mechanisms of early crisis intervention in 1919: PIE

(Artiss, *Military Medicine*, 1963)

- **PROXIMITY** – Employ outreach
- **IMMEDIACY** – Contact as quickly as possible after some indication of need (incident?)
- **EXPECTANCY** – adverse behavioral reactions are viewed as “adjustment reactions” as opposed to evidence of pathology. Expectations are conveyed that the adverse adjustment reaction (Sx) will quickly resolve

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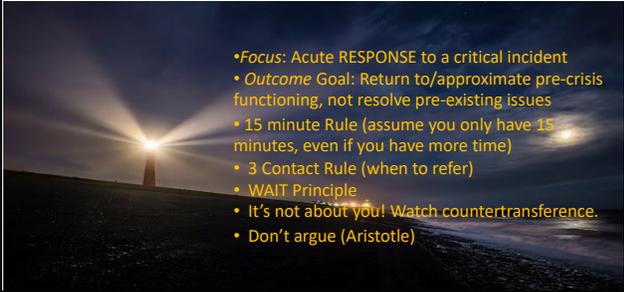
The 4 goals should be your guiding light.



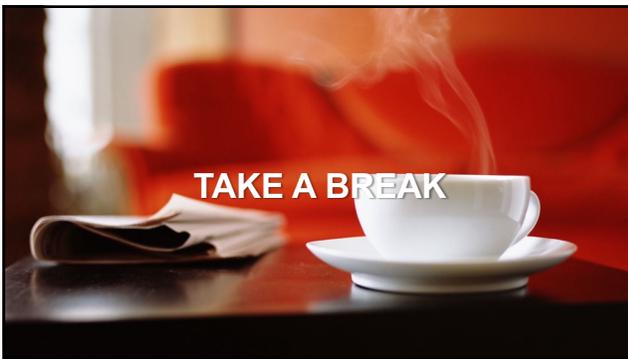
- **STABILIZE** – Keep things from getting worse
- **MITIGATE** – Make things a little better
- **FACILITATE** – Access to further care?
- **FOSTER HOPE**

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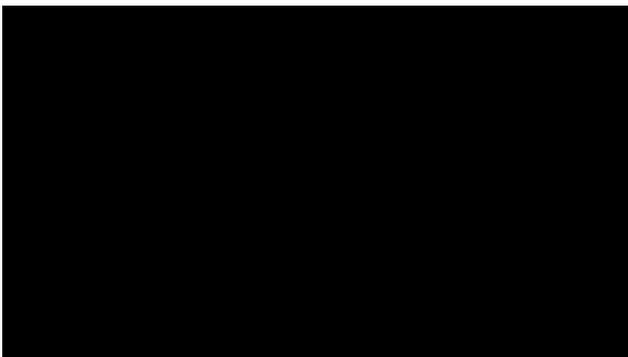
Guiding Principles



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146



147

PSYCHOLOGICAL CRISIS INTERVENTION –

Not therapy, nor a substitute for therapy.

PSYCHOLOGICAL FIRST AID (PFA) is a form of Psychological Crisis intervention



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The first noteworthy mention of the term **PFA**, per se, was in the context of a curriculum developed in 1943-44 for the United States Merchant Marine during World War II and read at the 1944 meeting of the American Psychiatric Assn.

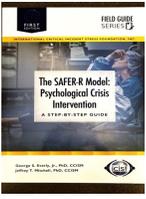
149

5-PHASE PFA MODELS

JOHNS HOPKINS RAPID



ICISF – SAFER-R



150

Scientific American asserts "everyone" should take a course in Psychological First Aid (PFA)

Anyone who learns PHYSICAL first aid should learn PSYCHOLOGICAL first aid. Both are core life skills.

COURSERA - ONLINE INTRODUCTION TO PSYCHOLOGICAL FIRST AID

<https://www.coursera.org/learn/psychological-first-aid>



Class Central Report 2022

151

Regarding Whom to Train...

INSTITUTE OF MEDICINE

In 2003 the IOM wrote... "A broad spectrum of professional responders is necessary to meet [disaster-related] psychological needs effectively.

Those outside the mental health professions, who may regularly interface with the public, can contribute substantially to community healing ... However, these professionals will require knowledge and training in order to provide effective support" (IOM, 2003, p. 15)

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Peer PARACOUNSELING

The provision of advanced psychological support that transcends limited contact acute interventions.

It fills the gap between acute crisis intervention and extended counseling/ psychotherapy.



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Field of
Disaster
Mental Health
- 1992

- Largely founded by an integration of the efforts of American Red Cross, International critical incident Stress Foundation, International Society for Traumatic Stress Studies, and Green Cross.
- And the pioneering research and practice of people such as Diane Myers, Robert Pynoos, David Wee, Brian Flynn, John Wilson, Charles Figley, Jeffrey Mitchell, Robert Ursano, Carol North, Betty Pfefferbaum, and George S. Everly, Jr., among others.

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**CORE COMPETENCIES OF COMPREHENSIVE
DISASTER MENTAL HEALTH**
(adapted and expanded from ASPH/CDC guidance)

- Pre-incident planning and preparation
- Strategic planning and utilizing an integrated multi-component crisis intervention system within an incident command system
- **Surveillance**
- **Assessment/ triage benign vs. malignant symptoms**
- **One-on-one crisis intervention**
- Small group crisis intervention
- Large group crisis intervention
- Follow-up and referral

155

For those interested in more information on Psychological First Aid (PFA)

- Psychological First Aid | *Psychology Today* <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201810/psychological-first-aid>
- Advanced Psychological First Aid (PFA) | *Psychology Today* <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201811/advanced-psychological-first-aid>
- Helping Others Get the Psychological Support They Need | *Psychology Today* <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/2018/11/helping-others-get-the-psychological>
- Everly, GS and Lating JM (2022). The Johns Hopkins Guide to Psychological First Aid, 2nd Ed. Balto: Johns Hopkins Press.
- Coursera free online course: RAPID Psychological First Aid. Johns Hopkins

156

<p>Definition – Resilience</p>	<p>The ability to bounce back from pressure or adversity ... And more.</p>
------------------------------------	--

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158

RESISTANCE (Proactive Resilience)

“immunity” - a form of Psychological Body Armor™

159

RESILIENCE (Reactive) –

The ability to “bounce back” from adversity
Its goal is to steepen the recovery curve and shorten its duration.



160

RECOVERY –

Facilitating Access to Treatment and Rehabilitation, if indicated.



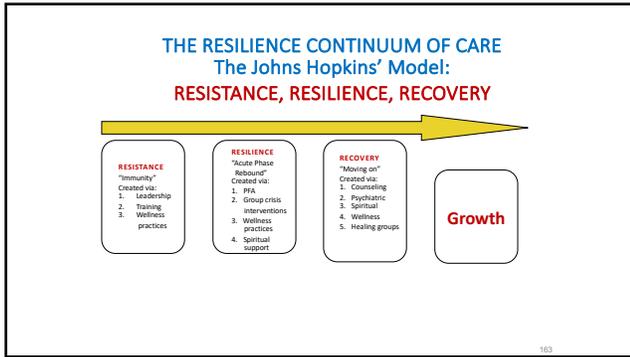
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GROWTH –

Posttrauma Growth Beyond Original Baseline



162



163

Definition

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

A Model for Strategic Planning and Implementation formulated by Dr Jeffrey Mitchell in the 1980s

164

Recommendations for early intervention include the use of a variety of interventions matched to the needs of the situation and the recipient populations

(British Psychological society, 1990; NIMH, Mental Health & Mass Violence, 2002; IOM, 2003)

165

One approach, that has been frequently used to integrate such an array of crisis/disaster mental health interventions across a continuum of care, is **Critical Incident Stress Management** (CISM; Everly & Mitchell, 1999, 2017). It is arguably the most widely used critical incident response system in the world with approximately one million trained in its use.

166

Definition –

Critical Incident Stress Management (CISM)

A comprehensive, phase sensitive, and integrated multi-component planning system for crisis/disaster intervention.

- The most widely used disaster mental health continuum in the world Adopted by United Nations in 2007 for use with its field personnel.
- CISM is a way of packaging and delivering peer support.

167



What makes CISM unique is that it is an integrated continuum of care.

168

The Utility of a Continuum...

Is the standard of care

British Psychological Society, British Psychological Working Party (1990). *Psychological Aspects of Disaster*. Leicester: British Psychological Society.

Ruzick J, Young BJ, Corleau MJ, Flynn, BW (2004). Integration of disaster mental health services with emergency medicine. *Prehospital Disaster Med.* 19(1):30-33.

Everly Jr, George S, Wu, Albert W, Potash, James B. (2021). Phases of psychological response in COVID-19: A preliminary heuristic. *American Journal of Disaster Medicine*, [S.L.], v. 16, n. 1, p. 5-12, jan.

Everly, GS, Jr, Hamilton, SE, Tyiska, CG & Ellery, J. (2008). Mental Health Response to Disaster: Consensus Recommendations: Early Psychological Intervention Subcommittee (EPI). National Volunteer Organizations Active in Disaster (NVOAD). *Aggression and Violent Behavior*, 13, 407-412.

Jacobson, J. M., Paul, J., & Blum, D. (2005). The EAP work-place critical incident continuum. *Journal of Employee Assistance*, 32, 28-30.

Providing a continuum of psychological care...has been estimated to reduce the cost of subsequent mental healthcare by 35%.

Schoenbaum M, Butler G, Kazaska S, Worquist G, Springgates B, Sullivan G, Duan N, Kessler RC, Wells K. *Providing Mental Health Recovery After Hurricane Katrina and Rita: What Can We Learn at Home?* Arch Gen Psychiatry. 2009 Aug;66(8):906-914. PubMed PMID: 19652130.

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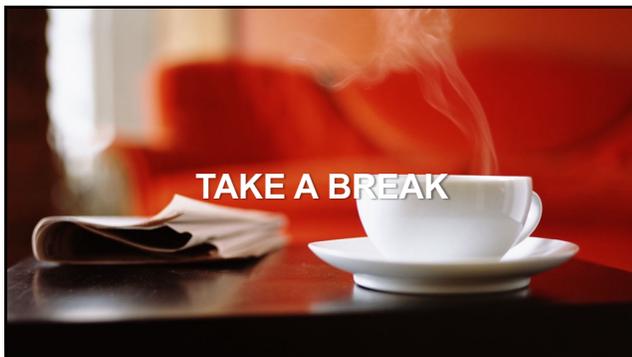
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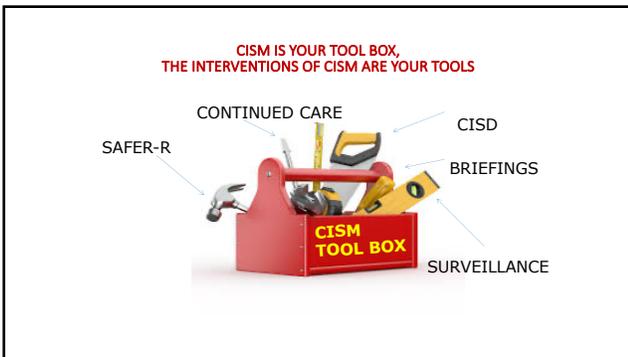
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SELECT CISM INTERVENTIONS
(Mitchell & Everly, 1997, 1999, 2017)

INTERVENTION	TARGET GROUP(S)	GOALS
1. Pre-event Strategic Planning. Resilient Leadership Training. Psychological Body Armor™ (PBA)	Groups anticipated to be adversely affected by a critical incident.	Anticipatory guidance (setting expectations). Build stress resistance. Foster cohesion.
2. Surveillance.	Those directly & indirectly affected by impact.	Observation, screening, and triage.
3. Individual Crisis Intervention – Psychological First Aid (SAFER-R – PFA).	Individuals as needed.	Screening, Stabilization, Mitigation, Facilitation of access to further care, as needed.
4. Rest-Information -Transition-Services (RITS) (demobilization)	Emergency personnel. Rescue and Recovery personnel.	Psychological decompression. Screening. Assessment To ease transition to re-assignment or off duty.
5. Crisis Management Briefing (CMB)	Large or small groups of responders or civilians (Town Hall Meetings).	Provide information/ guidance. Control rumors. Foster connection and hope.
6. Defusing	Small homogeneous groups of response personnel.	Mitigate acute distress. Serve as a platform for screening.
7. Critical Incident Stress Debriefing (CISD)	Small homogeneous groups of response personnel.	“Psychological closure.” Enhance resilience.

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Specialty CISM		
INTERVENTION	TARGET GROUP(S)	GOALS
1. Resilient Leadership	Leaders/ managers	Build cohesion. Foster resistance. Provide guidance.
2. Psychological Body Armor™	Anyone at risk for burnout or psychological injury.	Foster wellness. Build resistance and resilience. Foster growth.
3. Family CISM	Families of responders.	Screening, Assessment, Stabilization, Mitigation, Facilitation of access to further care, as need. Foster hope, resilience.
4. Pastoral Crisis Intervention	Any directly or indirectly impacted groups typically implemented by faith-based leaders or chaplains.	Screening, Assessment, Stabilization, Mitigation from both psychological and spiritual or religious perspectives. , Facilitation of access to further care, as need. Foster hope, resilience.

175

The challenge in crisis intervention is not only developing **TACTICAL** skills in the “core intervention competencies,” but is in knowing **WHEN** to best **STRATEGICALLY** employ the most appropriate intervention for the situation.

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University of Maryland, Baltimore County Dept of Emergency Health Services offers certification in Critical Incident Stress Management (CISM) by online examination.



177

University of Maryland, Baltimore County Dept of
Emergency Health Services offers certification in
PEER PARACOUNSELING
by online examination.



178

Certification in **PASTORAL CRISIS INTERVENTION**
by online examination.



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IS CRISIS INTERVENTION EFFECTIVE?



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183

Zahava Solomon

- Tested PIE with Israeli soldiers finding all 3 components active, but expectancy most useful
- Re-tested 20 years later finding those who received PIE did better in post-military life than did those who did not receive PIE

• Solomon, Z. & Benbenishty, R. (1986). The role of proximity, immediacy, and expectancy in frontline treatment of combat stress reaction among Israelis in the Lebanon War. *American Journal of Psychiatry*, 143, 613-617.

• Solomon, Z., Shklar, R. and Mikulincer, M. (2005). Frontline Treatment of Combat Stress Reaction: A 20-Year Longitudinal Evaluation Study. *Am J Psychiatry*, 162, 2309-2314.

184

Simply said, Dr. Solomon found...

Crisis Intervention was found to exert a lasting positive effect (20+ years).

• Solomon, Z. & Benbenishty, R. (1986). The role of proximity, immediacy, and expectancy in frontline treatment of combat stress reaction among Israelis in the Lebanon War. *American Journal of Psychiatry*, 143, 613-617.

• Solomon, Z., Shklar, R. and Mikulincer, M. (2005). Frontline Treatment of Combat Stress Reaction: A 20-Year Longitudinal Evaluation Study. *Am J Psychiatry*, 162, 2309-2314.

185

In the acute phase, post disaster, workplace-based crisis intervention was found to be superior to multi-session counseling.

• Boscarino, J., Adams, R., & Figley, C. (2011). Mental Health Service Use After the World Trade Center Disaster: Utilization Trends and Comparative Effectiveness. *Journal of Nervous and Mental Disease*, 199, 91-99.

186

Post disaster (World Trade Center, NYC) crisis intervention (CISM) was associated with reduced risk for

- binge drinking (Cohen's $d=.74$),
- alcohol dependence (.92),
- PTSD symptoms (.56),
- major depression (.81),
- anxiety disorder (.98), , and
- global impairment (.66),
- compared with comparable individuals who did not receive this intervention

• Boscarino JA, Adams RE, Figley CR. (2005). A prospective cohort study of the effectiveness of employer-sponsored crisis interventions after a major disaster. *International Journal of Emergency Mental Health*;7:9-22. Effects sizes calculated post hoc by other authors.

187

Evidence Suggests That ...

1. Crisis intervention (Psychological First Aid - PFA) can increase the belief in one's personal resilience and preparedness, as well as enhance community resilience.

- Everly, GS, Jr, McCabe, OL, Semon, N, Thompson, CB, & Links, J (2014). The Development of a Model of Psychological First Aid (PFA) for Non-Mental Health Trained Public Health Personnel: The Johns Hopkins' RAPID-PFA. *Journal of Public Health Management and Practice*, online
- McCabe, OL, Semon, N, Thompson, CB, Lating, JM, Everly, GS, Jr, Perry, CJ, Moore, SS, Mosley, AM, Links, J. (2014). Building a National Model of Public Mental Health Preparedness and Community Resilience: Validation of a Dual-Intervention, Systems-Based Approach. *Disaster Medicine and Public Health Preparedness*, DOI: 10.1017/dmp.2014.119
- McCabe, OL, Semon, N, Lating, JM, Everly, GS, Jr, et al. (2014). Developing an Academic-Government-Faith Partnership to Build Disaster Mental Health Preparedness and Community Resilience: Program Description and Lessons Learned. *Public Health Reports*, 129, 54, 596-106.

188

2. Crisis Intervention has been shown to reduce acute anxiety when applied individually and in groups

- Everly, GS, Jr, Lating, JM, Sherman, M, & Goncher, I. (2016). The potential efficacy of a model of psychological first aid. *Journal of Nervous and Mental Disease*, 204, 3, 233-235.
- Despeaux, KE, Lating, JM, Everly, GS, Jr, Sherman, MF, & Kirkhart, M. (2019). A randomized controlled trial assessing the efficacy of group psychological first aid (PFA). *Journal of Nervous and Mental Disease*. Online
- Bordow & Porritt, 1979, *Soc Sci & Med*;
- Bunn & Clarke, 1979, *Br J Med. Psychol*;
- Campfield & Hills, 2001, *JTS*;
- Flannery & Everly, 2004, *Aggression & Violent Beh.*

189

3. Early Psychological Intervention may reduce the need for more intensive and expensive psychiatric services.

(Langsley, Machotka, & Flomenhaft, 1971, Am J Psyc; Decker, & Stubblebine, 1972, Am J Psyc)

190

4. Crisis Intervention Techniques are Helpful in Medical Settings

Stapleton, AB., Laling, J., Kirkhart, M., & Everly, GS Jr. (2006). Effects of Medical Crisis Intervention on Anxiety, Depression, and Posttraumatic Stress Symptoms: A Meta-Analysis. *Psychiatric Quarterly*, 77, (3), 231-238.

- Meta-analysis: 11 (10/11 RCT) studies of individual crisis intervention in medical settings
- Overall effectiveness: $d = .44$ (anxiety, .52; depression, .24; PTS, .57)
- Early Psychological Intervention may reduce distress in medical and surgical patients (.44)
- Early Psychological Intervention is improved by increased **training** (.57 vs. .29)
- Early Psychological Intervention outcome is enhanced via **multiple sessions** (.60 vs .33)
- Early Psychological Intervention is enhanced via the use of **multiple interventions** on PTS (.62 vs .55)

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ASSAULTED STAFF ACTION PROGRAM (ASAP)

"The Assaulted Staff Action Program (ASAP) is a voluntary, system-wide, peer-help, crisis intervention program for staff victims of patient assaults. ASAP is a CISM approach, and this paper evaluated fourteen empirical studies of ASAP to assess the empirical justification for ASAP and CISM approaches, which demonstrated a 25%-62% reduction in staff assaults." (Flannery, 2001).

Designed by Dr Ray Flannery, ASAP has received several national awards.

Everly, G., Flannery, R., Eyles, V., & Mitchell, J. (2001). Sufficiency analysis of a comprehensive approach to crisis intervention: Critical Incident Stress Management. *Advances in Mind-Body Medicine*, 17, 174-182.

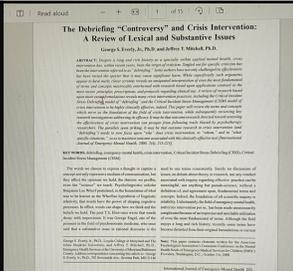
Flannery, R.B., Jr. (2001). Assaulted Staff Action Program (ASAP): Ten years of empirical support for Critical Incident Stress Management (CISM). *International Journal of Emergency Mental Health*, 3, 3-10.

192

DEBATE: Cochrane Reviews of "Debriefing"

The Cochrane Reviews of "psychological debriefing" cast doubt on effectiveness.

Sadly, none of the initial core Cochrane studies used emergency services personnel. None of the studies used the mandated group format. The Cochrane reviews inappropriately relied upon individual applications to hospitalized medical patients (1998;2002).



193

Another Point of View

Everly, G. & Mitchell, J. (2000). The debriefing controversy and crisis intervention: A review of lexical and substantive issues. *International Journal of Emergency Mental Health*, 2, 211-225.

Tamrakar, T., Murphy, J., & Elklit, A. (2019). Was psychological debriefing dismissed too quickly? *Crisis, Stress, and Human Resilience: An International Journal*, 1(3), 146-155.

After years of debate, reviews published in collaboration with the British Psychological Society and others reached several important conclusions:

1. The Cochrane Reviews as published were not appropriate for the assessment of CISD or CISM as debriefings protocols were not followed or were misapplied.
2. The Cochrane Reviews violated their own procedural guidelines, including potential author bias

194

A 2007 review of CISM at the workplace and a later 2019/2020 meta-ethological investigation of early psychological intervention and "debriefing" were conducted in fire suppression, law enforcement, EMS, military.

Richins, MT, Gauntlett, L, Tehrani, N, Hesketh, I, Weston, D, Carter, H & Am10t, R. (2019). Scoping Review: Early Post-Trauma Interventions in Organisations Final Report February, 2019. London: British Psychological Society

Richins MT, Gauntlett L, Tehrani N, Hesketh I, Weston D, Carter H, Am10t R. Early Post-trauma Interventions in Organizations: A Scoping Review. *Front Psychol*. 2020 Jun 25;11:1176. doi: 10.3389/fpsyg.2020.01176. PMID: 32670143; PMCID: PMC7330139.

Regel, S. (2007). Post-trauma support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD) within organizations in the UK. *Occupational Medicine*, 57(6), 411-416

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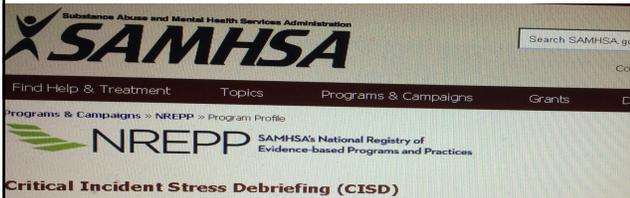
RESULTS ...

“In 81% of CISD-based studies, the participants felt that the intervention was beneficial and helped them through recovery” (2020, p. 4).

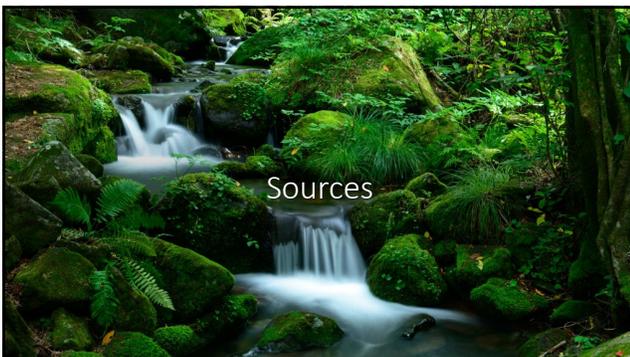
This [latter scoping] review demonstrates that early interventions support emergency responders following exposure to trauma when they are tailored to the needs of the population...” (2020, p 1).

196

CISD accepted as a promising evidence-based practice by SAMHSA, 2017.



197



198

Debriefing - 4 Randomized Controlled Trials; 1 Longitudinal Trial

- Adler, A., Bliese, PD, McGurk, D., Hoge, CW, & Castro, CA. (2009). Battlemind debriefing and battlemind training as early interventions with soldiers returning from Iraq: Randomization by platoon. *Journal of Consulting and Clinical Psychology, 77*, 928-940.
- Adler, A, Litz, BT, Castro, CA, Suvak, M., Thomas, JL, Burrell, L, et al. (2008). Group randomized trial of critical incident stress debriefing provided to US peacekeepers. *Journal of Traumatic Stress, 21*, 253-263.
- Deahl, M., Srinivasan, M., Jones, N., Thomas, J., Neblett, C., & Jolly, A. (2000). Preventing psychological trauma in soldiers. The role of operational stress training and psychological debriefing. *British Journal of Medical Psychology, 73*, 77-85.
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SECTION FOUR
LISTENING AND CRISIS COMMUNICATIONS

205

EXERCISE

Please listen to the story. No note-taking!

206

What roles did values and assumptions play in your analysis of the story?

Countertransference (over-identification) risk for peers is high.



207

LISTENING

Effective crisis communication is dependent upon effective listening. Listening serves three critical functions:

- 1) It serves as a platform for cathartic ventilation
- 2) It is the basis for the formulation of an effective intervention. As one size really does not fit all, interventions must be tailored to the unique needs of the person in crisis, in the then current context, at the then current point in time.
- 3) It demonstrates caring and compassion for another.

208

THE POWER OF LISTENING

- Question What is the association of different forms of social support with an early neuroanatomical marker of Alzheimer disease vulnerability and cognitive function?
- Findings: Listening was associated with better global cognitive function. This association was absent for other forms of social support.
- Meaning: In psychosocial interventions and related public health strategies supportive listening may be warranted.

Association of Social Support With Brain Volume and Cognition, JAMA Neurology, August 16, 2021

Joel Salinas, MD, MBA, MSc, Adrienne O'Donnell, BA, Daniel J. Kojs, BA, Matthew P. Fasse, PhD, Charles DeCarli, MD, Dorene M. Rentz, PhD, Lisa F. Berkman, PhD, Jolene Reizen, PhD, Sophia Spathaki, MD

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SUMMARY OF TOOLS

Before we get to the intervention structure, a few remarks about the tools of effective listening:

- 1. Ministry of Presence – Used throughout PFA
- 2. Closed and Open-End Questions – Used in A and R phases
- 3. Paraphrasing – Used in F Phase
- 4. Action Directives – Used in E and R Phases

211



212



213

Listen with EMPATHY!

- 18th Century “Fellow feeling”
- Feeling AS someone feels
- It’s NOT interrogation!
- It’s not sympathy “Feeling FOR someone.”
- It’s not a performance evaluation.

214

Why Foster EMPATHY: The Empathy Cascade



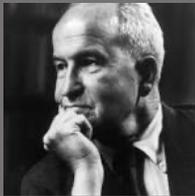
- Empathy conveys...
 - Understanding,
 - Which fosters trust...
 - Which increases the likelihood of compliance!

215

QUESTIONS

- Director, Harvard Psychological Clinic
- Developer, Thematic Apperception Test





Henry Murray, MD, PhD

216

“There is nothing more useful than the well-phrased question.”

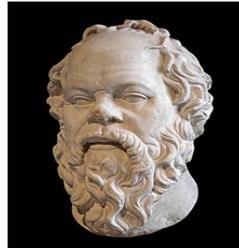
Henry Murray, MD, PhD
Director Harvard Psychological Clinic

217

Socrates Taught Using Questions

Athenian philosopher Socrates (469–399 B.C.)

Famous for the Socratic Dialogues – teaching conversations that employed self-exploration and discovery.



218

Questions – Two Types

Closed – questions that restrict the response options available. Good for targeting questioning and clarification.

- Yes - No questions are the most restrictive
- Stems include...“Do you, Don’t you, Is this, Isn’t this, Did you, Was it, Were you, etc.”
- CAUTION: Be careful not to ask too many serial yes-no questions

Open – questions that, in varying degrees, tend not to restrict answers. Good for probing.

- Stems include...“What, When, Where, Why, How”
- CAUTION: Questions too broad in scope can devolve into free associative thinking or tangential excursions.

219

SIX QUESTIONS OF CRITICAL THINKING



220

Mirror Techniques," especially paraphrasing increases empathy and clarifies.

221

HOW IT WORKS...

- Imagine yourself to be a mirror. Once engaged, a person in distress sends either non-verbal or verbal messages regarding their current state of distress.
- As a human "mirror," your job then becomes "reflecting" back the person's emotional state and/or the most salient content within their message.

222

Reflect the Concern



223

Paraphrasing is an active listening “mirror” technique

- In the case of PARAPHRASING THOUGHTS, the listener takes the words of the speaker and tries to capture the essence of the communication then reflects it back but using different wording.
- Speaker: “My supervisor says one thing but does another.”
- Active Listener: “Sounds like your supervisor can be inconsistent.”
- Speaker: “Exactly! It’s very confusing, I feel like I really don’t have a competent leader.”
- Active Listener: “So her leadership style isn’t working for you.”

224

Paraphrasing Emotion

- Based upon verbal or nonverbal cues
- Attempts to accurately label the experienced emotion of the other person
- Speaker: “My supervisor says one thing but does another. I don’t know what to do. Then if I do the wrong thing, I get a bad evaluation.”
- Active Listener: “It doesn’t seem fair that you could get a bad evaluation, when your supervisor is inconsistent in communicating expectations.”
- This technique encourages ventilation and helps defuse anger
- Paraphrasing helps you understand another person’s perspective.

225

But Communicate HOPE



226

Action Directives

- Providing OPTIONS on what to do (stress management, resilience, wellness)
- Especially in 4th phase of PFA model
- If someone asks a direct question, it is usually best to provide a direct answer, unless the answer will cause an escalation of the crisis

227

EXERCISE

Interview: Role Play
 Pick a Real-Life Event and Talk About It
 Pick a Low-Stress Event and Use What You Learned
 Use Two or Three Paraphrases

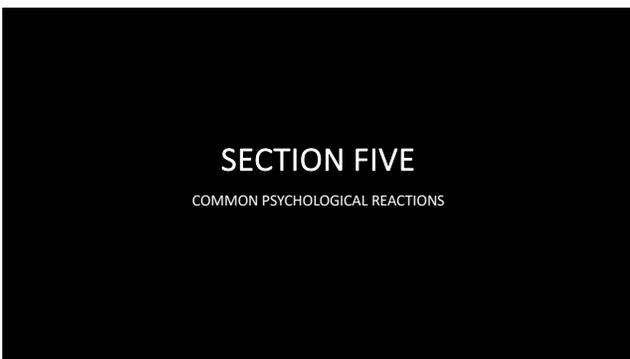
228



229



230



231

The previous section emphasized the importance of listening, but listening for what?

- 1) symptoms that will give you insight into the **current nature** of the crisis reaction
- 2) symptoms that will give you insight into the **current severity** of the crisis reaction so as to facilitate psychological "triage"
- 3) anything that will help you **formulate an intervention** to mitigate the current crisis reaction.

232

What are you looking/ listening for?

Screen for Evidence of Need

Gravity of the Crisis response

233

Severity
 (degree of interference/
 dysfunction)

X

Urgency
 (worsens with time) →

Gravity/ **Priority**

234

SCREENING & ASSESSMENT TOOL

THE SEA-3 MENTAL STATUS EXAM

The mental status examination typically attempts to assess the person's mental state by observing the person's appearance (dress and grooming) and behavior (posture, facial expressions, body movements, amplitude and quality of speech, and helper-helpee interactions). The crisis worker usually asks questions about the person's feelings, thoughts and perceptions (intellectual functioning, orientation, insight, judgement, memory, thought content and stream of thought). Remembering all of these evaluation criteria can be a challenge, especially in a crisis. The SEA-3 method of mental status examination provides an easy to remember outline to aid the crisis worker in evaluating the distressed individual.

SPEECH	amplitude, quality flow, organization
EMOTION	dominant mood appropriateness obsessive, euphoric, depressed anger, hostility, fear, anxiety, apprehension
APPEARANCE	unkempt, unclean clothing disheveled, dirty, atypical, unusual, bizarre unusual physical characteristics
ALERTNESS	oriented to person, place and time insight, judgement memory, intellectual functioning stream, content of thought
ACTIVITY	facial expressions posture movements interactions with helper

235

PFA SCREEN CHECKLIST (3ASSET) © 2018 Everly, N., PhD, 2020

This is NOT a diagnostic tool. When in doubt, consult an appropriate healthcare provider.

ALERTNESS

APPEARANCE

ACTIONS

SUBSTANCES

SPEECH

EMOTION

THOUGHTS

236

PFA SCREEN CHECKLIST (3ASSET) © 2018 Everly, N., PhD, 2020

This is NOT a diagnostic tool. When in doubt, consult an appropriate healthcare provider.

ALERTNESS – 1) Alert and responsive. Oriented to person, place, time. 2) Duller alertness, slow to respond, or both. 3) Not alert, non-responsive.

APPEARANCE – 1) Appropriate. 2) Inappropriate.

ACTIONS – 1) Able to successfully attend to current responsibilities.
2) Challenged to successfully attend to current responsibilities. Withdrawal from friends, family, or other support. Lack of energy. Lack of appetite. Insomnia. Aggressive or violent.
3) Unable to successfully attend to current responsibilities (ADL).

SUBSTANCES – 1) Absent 2) Present – Rx Medications, Recreational (ETOH, marijuana, etc.).

SPEECH – 1) Focused/ on topic. 2) Frequent tangential excursions. 3) Labored. 4) Incomprehensible.

EMOTION – 1) Appropriate for person and situation, without interfering with necessary ADLs. 2) Overwhelmed, hopelessness, helplessness. 3) Depressed mood. 4) Anxious mood or sense of dread. 5) Intense fear 6) Frustration 7) Anger 8) Hypomanic 9) Panic

THOUGHTS (as inferred from speech) – 1) Coherent, appropriately responsive to cues. 2) Coherent and appropriate, but delayed to cues. 3) Obsessive. 4) Flashbacks. 5) Delusional. 6) Inclinations for harm to self or others, or both. 7) Hallucinations

237

DEFINITION

STRESS!

“fight or flight”

— Walter Cannon, 1932, *The Wisdom of the Body*

238

238

Adrenaline is the primary acute stress response hormone.



Encodes memories Increases strength Reduces pain Increases heart rate and blood pressure

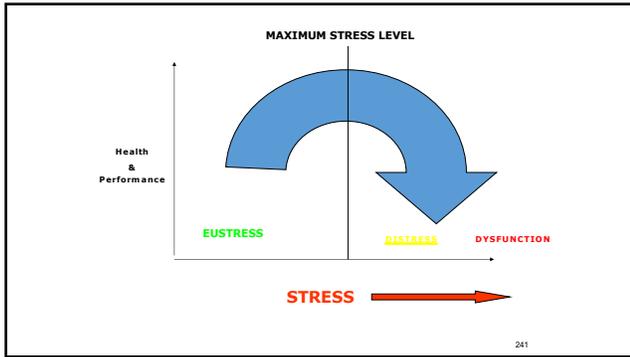
239

Cortisol is the primary chronic stress hormone.

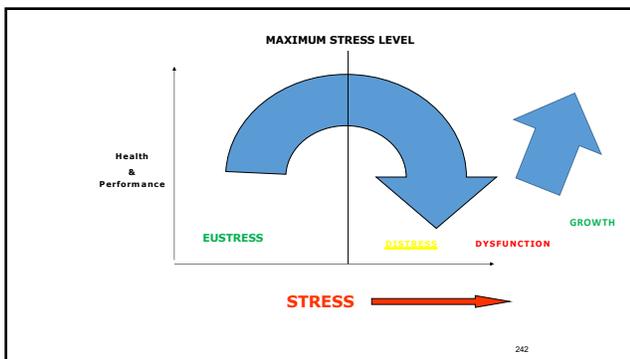


INCREASES BLOOD SUGAR DECREASE IMMUNITY CAN DESTROY BRAIN CELLS

240



241



242

There are three basic intensity levels of stress,
 thus 3 potential groups of survivors

From: Manderscheid RW (2006). *Preparing for pandemic avian influenza: Ensuring mental health services and mitigating panic*. Available at <http://www.mhsia.org>

Eustress = Unaffected to Motivated, Heroic

Distress = Excessive stress, Hypervigilant, Dysphoric

Dysfunction = Impairment to Immobilization

243

Signs and Symptoms of Distress and Dysfunction

- I. COGNITIVE (Thinking)
- II. EMOTIONAL
- III. BEHAVIORAL
- IV. PHYSICAL
- V. SPIRITUAL

For general reference, not diagnostic purposes.

244

I. Cognitive (Thinking) Distress

DISTRESS

- Sensory Distortion (acute)
- Inability to Concentrate
- Difficulty in Decision Making
- Guilt
- Preoccupation (obsessions) with Event
- Confusion ("dumbing down")
- Inability to Understand Consequences of Behavior

DYSFUNCTION

- Suicidal/ Homicidal Ideation
- Paranoid Ideation
- Persistent Diminished Problem-solving
- Dissociation
- Disabling Guilt
- Hallucinations
- Delusions
- Persistent Hopelessness/ Helplessness
- Malignant Misattribution

245

II. Emotional

DISTRESS

- Anxiety
- Burnout
- Irritability
- Anger
- Mood Swings
- Mild Depression
- Fear, Phobia, Phobic Avoidance
- Posttraumatic Stress (PTS)
- Grief

DYSFUNCTION

- Panic Attacks
- Burnout + Depression
- Immobilizing Depression
- Posttraumatic Stress Disorder (PTSD)

246

III. Behavioral

DISTRESS

- Impulsiveness
- Risk-taking
- Excessive Eating
- Alcohol/ Drug Use
- Hyperstartle
- Compensatory Sexuality
- Sleep Disturbance
- Withdrawal
- Family Discord
- Hypervigilance
- 1000-yard Stare

DYSFUNCTION

- Violence
- Antisocial Acts
- Abuse of Others
- Diminished Personal Hygiene
- Immobility
- Self-medication

247

IV. Physical

DISTRESS

- Tachycardia or Bradycardia
- Headaches
- Hyperventilation
- Muscle Spasms
- Psychogenic Sweating
- Fatigue/ Exhaustion
- Indigestion, Nausea, Vomiting

DYSFUNCTION

- Chest Pain
- Persistent Irregular Heartbeats
- Recurrent Dizziness
- Seizure
- Recurrent Headaches
- Blood in vomit, urine, stool, sputum
- Collapse / loss of consciousness
- Numbness / paralysis (especially of arm, leg, face)
- Inability to speak / understand speech

248

It is imperative that all evidence of physical dysfunction be taken seriously and referred to a physician. The same is true when dealing with any physical distress that does not remit, may be suggestive of a medical disorder, or seems ambiguous.

249

V. Spiritual

- **DISTRESS**
 - Anger at God
 - Crisis of Faith
 - Hesitation participating in faith-based activities
- **DYSFUNCTION**
 - Withdrawal from Faith-based Community

250

Some Specifics...

- Cognitive Interference
- Burnout
- Depression
- PTSD

251

Cognition: Why Smart People Do “Dumb” Things

(Kahneman & Tversky)

System 1: Fast, automatic, frequent, emotional, impulsive, stereotypic, subconscious (largely recognition-based), binary
 Uses energy-saving shortcuts (biases)
 Frequently error-prone (70%). Low glucose utilization.
 Distractions do not impede.
 Does not employ working memory.

System 2: Slow, effortful, infrequent, logical, calculating, conscious, dimensional
 High glucose utilization.
 Elevated heart rate impedes.
 Emotions, stress, distractions impede.
 Employs working memory.
 Worry, physical exhaustion impede.

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In high stress situations, system 1 high-jacks system 2 and can lead to dangerous impulsive actions

Largely a function of acute increases in norepinephrine, epinephrine interference with working memory.

253

Calm presence, empathic responses, open end questions, deep breaths foster SYS 2



254

BURNOUT: Mental and Physical Exhaustion

- Chronic fatigue
- Cynicism
- Procrastination, Lateness
- Irritability
- Absenteeism
- Dreading going to work
- Depression



255

DEPRESSION

- Sad mood
- Decreased appetite (may see "comfort" food consumption)
- Decreased libido
- Decreased energy
- Decreased sleep
- Hopelessness




256

Posttraumatic stress (PTS) is a normal survival response; Posttraumatic Stress Disorder (PTSD) is a pathologic variant of that normal survival reaction. PTSInjury is a better descriptor.

257

PTSD: DSM - V

- A. Traumatic event
- B. Intrusive memories
- C. Avoidance, numbing,
- D. Stress arousal
- E. Depression
- F. Symptoms last > 30 days
- G. Impaired functioning

258

Severity of PTSD

- Dissociation/ flashbacks
- Psychogenic amnesia
- Persistent sleep disturbance
- Panic
- Severe exaggerated startle response
- Evidence of seizures

259

PTSD

On average only 9% of those exposed to a trauma develop PTSD...

WHY?

260

Research shows that only about 8% - 10% of trauma exposed individuals go on to develop PTSD.

The reason for this lies in the complex interaction of biological, psychological and sociological factors of the individual

261

PTSD FACTORS:

- Type and Severity of Trauma
 - Combat, sexual assault and childhood abuse
- Personal History and Vulnerability
 - Previous trauma, history of mental illness, depression, anxiety, family history, low self-esteem, poor coping skills
- Biological and Neurological Factors
 - Brain structure and function, genetic predisposition, hormonal response
- Lack of Social Support
 - Family, friends, work, congregational or community decrease the risk of PTSD
 - Loneliness, isolation or stigmatization increase the risk of PTSD
- Cognitive and Emotional Processing
 - Self-blaming, ruminate (replay the event), avoid thoughts, difficulty making meaning of what happened
- Immediate Response to Trauma
 - Intense fear, helplessness, dissociation during or right after the event increases the risk

262

Bottom Line:

Most people have a natural resilience, and their minds and bodies process the trauma without without long-term dysfunction. But for about 9%, a combination of risk factors overwhelms their ability to recover naturally – leading to PTSD

263

Cognitive Detachment

In the face of a tragic or traumatic event – cognitive detachment can be a type of stress management that contributes to the fight or flight response of a critical incident or PTS/PTSD



264



265

NOTE!

All of the signs and symptoms of **severe dysfunction** warrant referral to the next level of care!

Also refer whenever in doubt.

266

IN SUM:

The differentiation of DISTRESS from DYSFUNCTION is an important aspect of "listening" as to discover the nature and severity of the acute crisis reaction and to facilitate the most appropriate intervention.

267

EXERCISE

ASSESSMENT OF DIFFERENTIAL NEED

Review the scenarios on the next slide. Which PCI intervention would you choose as your primary intervention approach?

268

Choose from the following interventions:

PCI is set upon a platform of the "Ministry of Presence"

- I. **SCREENING - ASSESSMENT**- Evaluate mental/behavioral status
- II. **PSYCHOLOGICAL Interventions** - Use of basic, generic psychological principles to mitigate crisis
- III. **SPIRITUAL Interventions** -Use of pastoral interventions generically applicable across religions/faiths.
- IV. **RELIGIOUS Interventions**-Use of pastoral interventions based upon specific religious doctrine/belief/scripture
- V. **LIAISON/ADVOCACY**-Serve as intermediary, advocate

269

PCI Intervention Scenario One:

You are asked to speak with a Border Patrol Agent who, three weeks earlier, while responding to a sensor call at the river, came upon a group that had an infant with them who had drowned. The Agent tried to perform CPR on the infant and had initially believed that the infant was responding, only to have the child die when BORSTAR showed up. He tells you that his wife and other Agents have told him that he has become distant and even seems depressed. He also says to you that he is unable to concentrate during the day because of a pervasive sense of injustice. He tells you that he has been having nightmares of his own child drowning and is unable to revive him. He indicates that he's a religious man but is struggling with his faith. Finally, he tells you that he has not been any religious services in three weeks, even though he usually attends regularly.

What is the Primary PCI?

What is the Rationale?

270

PCI Intervention Scenario Two:

An Agent comes to see you a couple of weeks after he and his partner were involved in rollover. The Agent tells you that since the accident, he hasn't been able to think of anything else. He also tells you that he feels guilty that his partner was ejected from the vehicle and suffered a concussion after he fell unconscious. Both the Agent and his partner have fully recovered but still has a hard time with the guilt and even looking his in the face, because he feels that he almost cost him his life.

What is the Primary PCI?

What is the Rationale?

271

PCI Intervention Scenario Three:

A female Agent approaches you in the field and expresses that she is having a hard time. She tells you that she's thinking of quitting, because she feels that she's being treated unfairly simply because she's a female. She tells you that she has no family in the area and she has a small number of friends, but no one close. She's only been a year and misses home very badly. Especially, since there are not any of conveniences of home and the culture is entirely different.

What is the Primary PCI?

What is the Rationale?

272

Scenario #1

A 33-year-old woman, Ann, tells you that she has been absent in a child. The offense was reported to the police authorities 12 years ago. The woman has been in and out of counseling for 12 years. She is not currently seeing the therapist. She tells you that she has grown out of the child and that she is not doing as well as she would like. She believes that her feelings were never brought into the world but that she has a need to connect her mother with the abuse. She simply wants to tell her how angry she is and how she should be negatively influenced by her. She explains that she is not sure if she should talk to her but she has to try to talk to her but talk with her daughter about it. She tells you that she would like your assistance.

PRIMARY PCI:

RATIONALE:

Scenario #2

You are asked to speak with a 34-year-old male firefighter who had three weeks of rest, responded to a 100% shift. He had professional performance of 100% for the first time but had a bad night before the shift was over. He is very tired and has a headache. He reports that he is not sure if he should talk to her but she has a need to connect her mother with the abuse. She simply wants to tell her how angry she is and how she should be negatively influenced by her. She explains that she is not sure if she should talk to her but she has to try to talk to her but talk with her daughter about it. She tells you that she would like your assistance.

PRIMARY PCI:

RATIONALE:

Scenario #3

A 30-year-old female comes to see you three weeks after a car crash when her vehicle was involved in a rollover. She is currently in a hospital. She tells you that she has grown out of the child and that she is not doing as well as she would like. She believes that her feelings were never brought into the world but that she has a need to connect her mother with the abuse. She simply wants to tell her how angry she is and how she should be negatively influenced by her. She explains that she is not sure if she should talk to her but she has to try to talk to her but talk with her daughter about it. She tells you that she would like your assistance.

PRIMARY PCI:

RATIONALE:

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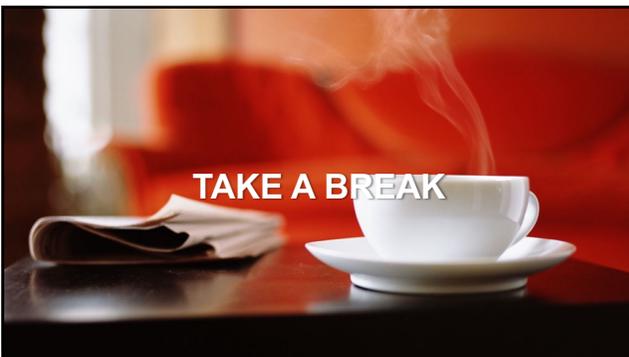
READING ASSIGNMENT

- Disasters of Uncertainty | Psychology Today <https://www.psychologytoday.com/us/blog/when-disaster-strikes-wait-disaster-psychology/202001/disasters-uncertainty>
- The Pandemic Endangers Marriages | Psychology Today <https://www.psychologytoday.com/us/blog/when-disaster-strikes-inside-disaster-psychology/202005/the-pandemic-endangers-marriages-and>
- The Pandemic Will Change Everything | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/202005/the-pandemic-will-change-everything>
- Social Stigma, Bullying, and the Pandemic | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/202003/social-stigma-bullying-and-the-pandemic>
- Psychology of Viral Pandemic: What We Need to Know and Do | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/202003/psychology-viral-pandemic-what-we-need>

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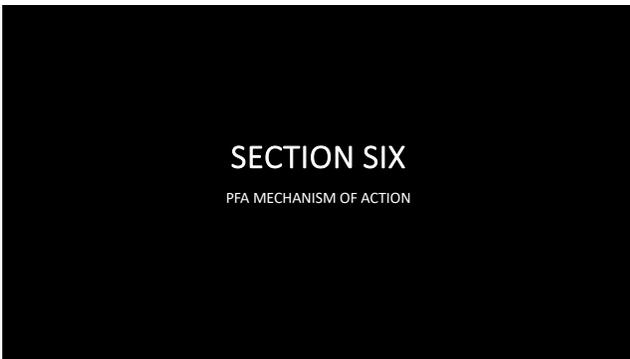
275



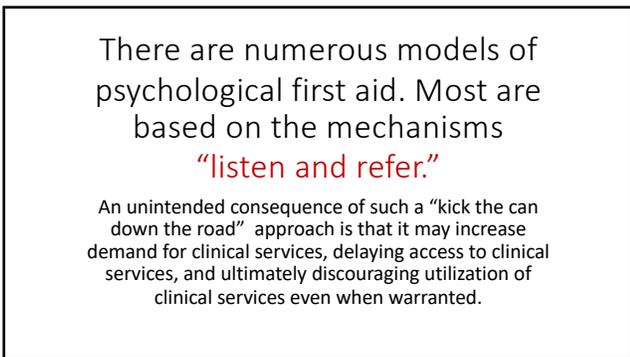
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277



278



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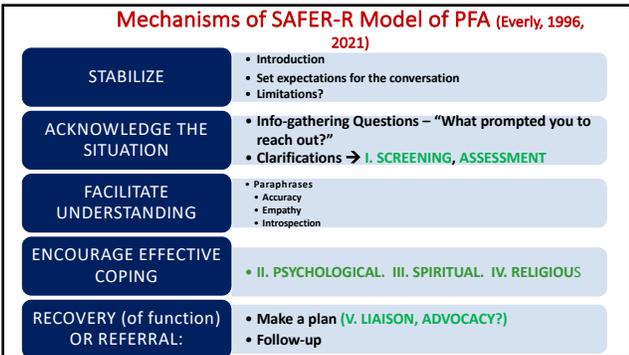
SAFER-R is designed to reduce acute distress and dysfunction plus demand on downstream clinical resources, when possible.

280

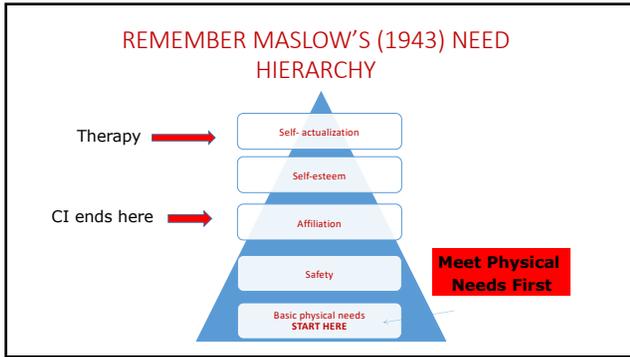
PCI PFA CONSISTS OF 5 MECHANISMS OF ACTION
 PCI is set upon a platform of the "Ministry of Presence"

- I. **SCREENING - ASSESSMENT**- Evaluate mental/behavioral status
- II. **PSYCHOLOGICAL Interventions** - Use of basic, generic psychological principles to mitigate crisis
- III. **SPIRITUAL Interventions** -Use of pastoral interventions generically applicable across religions/faiths.
- IV. **RELIGIOUS Interventions**-Use of pastoral interventions based upon specific religious doctrine/belief/scripture
- V. **LIAISON/ADVOCACY**-Serve as intermediary, advocate

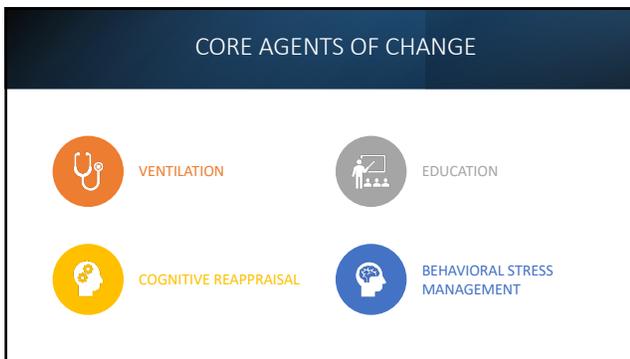
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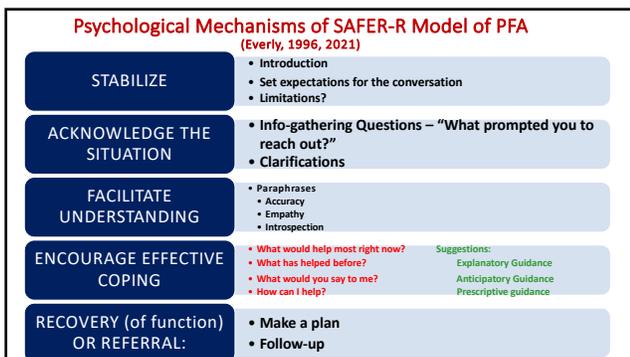
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285

Mechanisms of E in the SAFER-R Model of PCI
(Everly, 1996, 2000, 2007)

ENCOURAGE EFFECTIVE COPING	PSYCHOLOGICAL	SPIRITUAL	RELIGIOUS
	Questions "What would be most helpful, right now?" "What has helped in the past?"	Faith Prayer Scriptures Ceremonies Rituals	Faith Scriptures Rituals Prayer Ceremonies Sacraments
	Suggestions Anticipatory Guidance Explanatory guidance Prescriptive Guidance		

286

Faith – Everly (Clinical Definition)

"Faith is that which allows you to accept the things you cannot understand."

"With faith there are no questions, only answers yet revealed."

Faith is a cornerstone of spiritual and religious-based pastoral crisis intervention.

287

"Now faith is the substance of things hoped for, the evidence of realities not seen"

- Hebrews 11:1 (TLV)

288

EXAMPLES ...

Recommend a delay of life-changing decisions.

289

Stress Management

- Learned optimism; Blocking worry
 - Physical exercise
 - Resilience oriented nutrition
 - Rest/ sleep
 - Interpersonal support
- See Everly & Lating (2019). Clinical Guide to the Treatment of the Human Stress Response, 4th edition

290



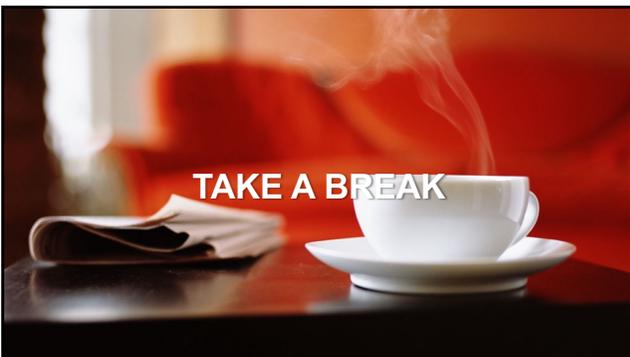
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According to 2nd Century BC Stoic philosophers, as well as, 20th Century psychologists, the single greatest source of acute distress, as well as the single greatest mitigator of acute distress, is the manner in which one interprets an experience.

- Zeno of Citium
- Epictetus
- Marcus Aurelius
- A. Ellis
- A. Beck

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For there are no things good nor bad for thinking makes them so. - *Shakespeare*

Men are disturbed not by things but the views which they take of them. - *Epictetus*

The mind is its own self and in itself can make a Heaven of a Hell of a Heaven - *Milton*

298



299

Adversity does not CAUSE psychological distress and dysfunction. Over 50 years of research shows that attitudes, interpretations, catastrophic thinking, and misunderstandings cause distress. So, sometimes identification and correction of these cognitive errors can be helpful.

300

Correcting a Crippling Assumption



- A – adverse events, problems, adversity
- C – consequences associated with A (stress, depression, anxiety)
- REALITY = Psychological adversity (A) does not CAUSE stress and depression (C)

• From the work of A. Ellis, A. Beck, and M. Seligman

301

301



- A – adverse events, problems, adversity
- B – your belief about the event, what you say to yourself greatly affects C
- C – consequences associated with A (stress, depression, anxiety)

• From the work of A. Ellis, A. Beck, and M. Seligman

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302

B serves as a filter.

B is affected by psychological, spiritual, and religious “lens” or “filters.”



303

A Simple Formula for Changing the Way Your Think



- A – adverse events, problems, adversity
- B – belief about the event
- C – consequences
- D – dispute negative beliefs that caused the reaction: challenge their validity; replace them with positive, constructive interpretations: psychological, spiritual, religious.

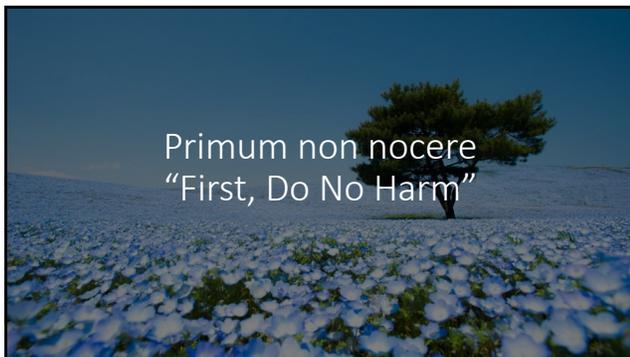
• From the work of A. Ellis, A. Beck, and M. Seligman

304

304



305



306

That said, Crisis Intervention Can Cause Iatrogenic. Harm... (illness or condition caused by treatment)

- Premature intervention
- Using deep uncovering techniques (don't open a door you can't close)
- Trying to solve a complicated problem with simplistic solution
- Dwelling too much on history
- Dismissing/ normalizing severe reactions
- Over-pathologizing
- Over encouragement of catharsis
- Vicarious trauma in heterogeneous groups
- Blaming in groups
- Not matching interventions to phasic needs of recipients
- Lack of specialized training is the biggest risk for causing harm

307

AVOID!

- "I know how you feel."
- "It's not so bad."
- "Others have it much worse."
- "You need to forget about it."
- "You did the best you could."*(Unless person has told you that.)*
- "You really need to experience this pain."
- Confrontation
- Comments like:
 - "God won't give you more than you can handle."
 - "This is God's will." Can have negative consequences.

308

EXERCISE

INTERVENTION
 Using the SAFER-R Model
 Let's Put it All Together
 Break into groups and discuss the scenario

309

PCI Intervention Scenario Three:

A BORSTAR Agent approaches you and tells you that three weeks ago he responded to a bail-out that involved a vehicle crash. As a result of the crash, an unaccompanied juvenile (5yrs old) was thrown from the vehicle and suffered serious injuries. The Agent was able to perform CPR on the child, who was then airlifted to the nearest hospital. The child survived, but the Agent is having nightmares. The Agent is a father, with children of his own as well as a combat veteran who served in Afghanistan.

What is the Primary PCI?

What is the Rationale?

310

Scenario #1
A 35-year-old woman, Jane, tells you that she has been diagnosed with a condition that is related to the proper maintenance of her teeth. This condition has been in and out of her life, although for 12 years she is consistently getting stronger. She tells you that she has the greatest sense of relief when she gets her teeth checked in therapy. She believes that her teeth are growing again, although she has had to have a lot of teeth removed from her mouth in the past. She is happy to have her teeth checked and she believes that she has significantly improved her life. Her mother has said she was very happy for the situation, but she never had to have her teeth checked, but she did have a lot of teeth removed from her mouth.

PRIMARY PCI:
RATIONALE:

Scenario #2
You are asked to speak with a 14-year-old male firefighter who had, three weeks earlier, responded to a fire. He had performed primary CPR on the infant and had nearly killed the child as a result of only having the child down from the hospital. The firefighter was very concerned for the child's health and safety. He is trying to get a child's attention during the day because a person in a sense of isolation. He reports a nightmare of the child during the night, which he is unable to describe. He believes that he is very concerned. Finally, he reports that he has not been to church in three weeks, though he normally attends every week.

PRIMARY PCI:
RATIONALE:

Scenario #3
A 30-year-old EMT comes to you three weeks after he was called when he was in a car accident. He was involved in the accident of a patient. During the end of a 12-hour shift, the EMT responded to a MVA. While trying to place the patient in the ambulance, the EMT responded to a patient. The patient's leg was paralyzed as a result of a stroke and spinal column. The EMT explains offering "Shirazi". She says that every morning she looks out her bedroom window and sees the face of the paralyzed patient. The EMT has been off work for two weeks and would like to return to work.

PRIMARY PCI:
RATIONALE:

311

READING ASSIGNMENT

- Wellness: Promoting Optimum Health Through the Workplace | Psychology Today
<https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201907/wellness-promoting-optimum-health>
- Immunize Yourself Against Anxiety and Excessive Stress | Psychology Today
<https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201811/immunize-yourself-against-anxiety-and>
- Finding a Personal Mentor | Psychology Today
<https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201905/finding-personal-mentor>

312

READING ASSIGNMENT

- Toxic People: How to Recognize and Avoid Them | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201911/toxic-people-how-recognize-and-avoid>
- Relationships Under Stress | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201804/relationships-under-stress>
- Building Supportive Relationships | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201811/building-supportive-relationships>
- 7 Characteristics of Resilient Relationships | Psychology Today <https://www.psychologytoday.com/blog/when-disaster-strikes-inside-disaster-psychology/201809/7-characteristics-resilient>

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SECTION SEVEN

SAFER-R MODEL OF PSYCHOLOGICAL CRISIS INTERVENTION/ PFA: A STEP-BY-STEP VIEW



314

Crisis Intervention applications can be made easier by the utilization of simple models. Originally developed for use with law enforcement, the **SAFER-R** model is nothing more than a step-by-step model for working with individuals in crisis.

Everly, G.L., Jr (1996). A rapid crisis intervention technique for law enforcement. In Reese, J.T. & Solomon, R (eds) Organizational Issues in Law Enforcement (pp. 183-192). Washington, DC: FBI.

315

Utilizing the SAFER-R Model
A Script Follows...

316

SAFER-R

- **STABILIZE/ INTRODUCTION** – as appropriate
 - “Hi, my name is...”
 - “I’m a member...”
 - Acknowledge reason for contact...
 - Set expectations for the conversation
 - Describe any limitations
 - (Acute stabilization is achieved via catharsis, distraction, presence, meeting basic needs)

317

Introduction:

318

ACKNOWLEDGE

- "So what's going on?"
- "What prompted you to call?"
- "I understand things are rough right now, what can you tell me?"
 - Listen to the "story" (Two components...facts, reactions)
 - Determine primary source of psychological distress...
 - "What's the worst part of all of this?"
 - Listen for themes:
 - guilt/self-blame, (control)
 - unfair,
 - betrayal,
 - makes no sense, (control)
 - safety. (control)
 - Note: frustration, anger, envy are not themes. What's the cause of these?

319

Acknowledgment:

320

FACILITATE UNDERSTANDING/ TRANSITION

- Perspective-taking
- Paraphrase key issue and reaction. Provide reassurance as appropriate
- "So sounds like..."
- Formulation of intervention plan

321

Facilitating:

322

ENCOURAGE EFFECTIVE COPING

1. "How can I help?" (Mitigate distress)
2. "What has helped you cope in the past?"
3. "What would you tell me if roles reversed?"
4. "Here are some thoughts' I have..."
 - Delay important decisions
 - Reinterpretation – Another way of looking at things?
 - With guilt, raise reasonable doubt
 - Stress management suggestions
 - Foster a future orientation - Hope

323

Encouraging:

324

RECOVERY OR REFERRAL

- **Facilitate** assistance; access to other resources, interpersonal support, as indicated
 - **“So where do we go from here?”**
 - Follow-up
 - “I’d like to contact you _____, just to see how you are doing.”
 - “If you have other questions, or are feeling overwhelmed, ...”
- Foster hope**

325

Recovery:

326

NOTE!

ALL OF THE SIGNS AND SYMPTOMS OF SEVERE DYSFUNCTION WARRANT REFERRAL TO THE NEXT LEVEL OF CARE!

Also refer whenever in doubt.

327

It is imperative that all evidence of physical dysfunction be taken seriously and referred to a physician.

328

Partial Script With Mechanisms of Action
(Everly, 2013, used with permission)

- **STABILIZE/ INTRODUCTION**
 - "My name is ...
 - I understand you've had some challenges
 - I'd like to help you if I can, and if I can't I'll do my best to get you the help you need. Is that ok?
 - Confidential? Limitations? Is that ok?"
- **ACKNOWLEDGE** – event and reactions constitute the "story"
 - "So can you tell me what happened? You don't have to relive it all, but I wasn't there, so can you give me a context?"
 - "How are you feeling right now?"
- **FACILITATE UNDERSTANDING**– "I'm sorry all this is going on. Would you like me to give you some feedback?" ...
 - Paraphrase. Normalize as appropriate
 - Reassure as appropriate
 - REMEMBER SAP

329

Partial Script With Mechanisms of Action
(Everly, 2013, used with permission)

- **ENCOURAGE EFFECTIVE COPING**–
 - **PSYCHOLOGICAL**
 - "How can I help?"
 - "How have you coped in stressful times in the past?"
 - "What would you tell me if roles reversed?"
 - "Here are some things that I've seen be helpful in situations like this..."
 - First, Delay any major life changes
 - Second, Stress management recommendations...
 - Third, Cognitive Re-interpretation...Is there another perspective on this that isn't quite so severe?
 - Contradict false conclusions or assumptions if any are clearly evident
 - Anticipatory guidance
 - Encourage seeking support
 - Engender HOPE
- **SPIRITUAL**
- **RELIGIOUS**
- **RECOVERY OR REFERRAL: MAKE A PLAN**
 - Liaison or advocacy to restore functional ADLs (medical, financial, spiritual, academic, etc)
 - Engender HOPE – End with an action plan and schedule for follow-up

330

- “So where do we go from here?”
- “Here are my thoughts...”
- The person in acute crisis has re-established functional capacity
OR
- Facilitate access to continued care via advocacy or liaison
 - Friends/ family
 - Psychological
 - Medical
 - Spiritual/ religious
 - Financial
 - Academic

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EXERCISE

SAFER-R PCI INTERVENTION
Use the SAFER-R PCI Model in the Scenario

332

<p>Scenario #1</p>	<p>A 33-year-old woman, Jane, tells you that she has been abused as a child. The offense was reported to the proper authorities 20 years ago. This woman has been in and out of psychiatric hospitals for 15 years. She is not currently using medication. She tells you that she has grown out of her 15-year-long group that she was in during therapy. She believes that she has grown strong enough now that she has had to attend therapy and she needs to confide in her mother with the abuse. She simply wants to tell her own story and she has the abuse has negatively influenced her. She explains how well she has done since she has had to attend therapy and she would like to talk with her daughter about it. Jane tells you that she would like your assistance.</p> <p>PRIMARY PCI:</p> <p>RATIONALE:</p>
<p>Scenario #2</p>	<p>You are called to speak with a 44-year-old male firefighter who had three weeks of rest, responded to a 100% shift. He had professional performance of 90% for the first and had already indicated the child was not thinking only to have the child discuss about the report. The firefighter works has completed the necessary depression and abuse. He reports that he is unable to complete during the treatment of a patient's case of cardiac. His symptoms are not as severe as he has been in the past. He reports that he is unable to assist his. He explains that he is a very religious man. Finally, he reports that he has not been to church in three weeks, though he normally attends every week.</p> <p>PRIMARY PCI:</p> <p>RATIONALE:</p>
<p>Scenario #3</p>	<p>A 70-year-old EMT comes to you two weeks after a call when her vehicle may have been involved in an accident in a parking lot. Hearing the incident, the EMT responded to a 100% shift. While trying to place the patient in the ambulance, the EMT dropped the patient. The patient's legs are paralyzed as a result of a broken spinal column. The EMT completed all the appropriate steps every morning she looks into the ambulance and "sees the face" of the paralyzed patient. The EMT has been off work for two weeks and would like to return to work.</p> <p>PRIMARY PCI:</p> <p>RATIONALE:</p>

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SECTION EIGHT

CHALLENGES AND PRACTICE IN SAFER-R

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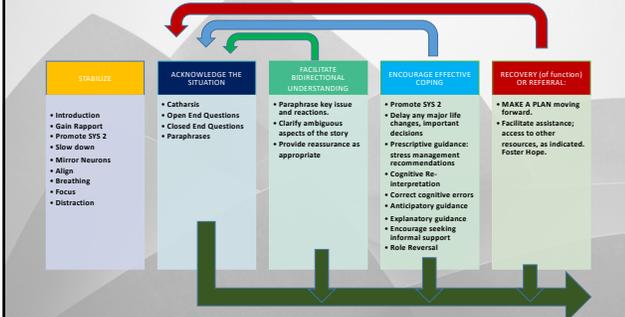
Phase-specific PROCESS Challenges in PCI

- **STABILIZE**
 - Failure to gain rapport
 - Failure to facilitate SYS 2 thinking
 - Failure to express limitations to confidentiality (as indicated by policy or law)
- **ACKNOWLEDGE**
 - Failure to clarify important wording
 - Interrupting
 - Failing to follow up on potentially significant cues or contradictions
 - Tendency to delve too deeply
- **FACILITATE**
 - Normalizing pathology;
 - Pathologizing the normal
- **ENCOURAGE EFFECTIVE COPING**
 - Failure to use questions to re-empower
 - "Cookie-cutter" stress management
 - Assumption: "If it worked for me, it will work for you."
 - Rushing to "fix" the unfixable
 - Failure to use appropriate spiritual or religious references
 - Religious debate
- **RECOVERY OR REFERRAL**
 - Hesitancy to refer to formal resources
 - Overzealous referral
 - Countertransference

335

Challenges in the Linear "Flow"

The Model is Linear so, in case new information is gathered go back to "Acknowledge the Situation"



336

SUICIDE: A SPECIAL CASE

- Helplessness
- Hopelessness
- Extreme guilt
- Previous attempts
- Severe illness, disability
- Psychosis

337

This course is not a course on suicide intervention, per se. More advanced training is necessary prior to doing suicide intervention. But some introductory thoughts on suicide intervention seem warranted.

338

50 %

or more of high lethality attempts are IMPULSIVE

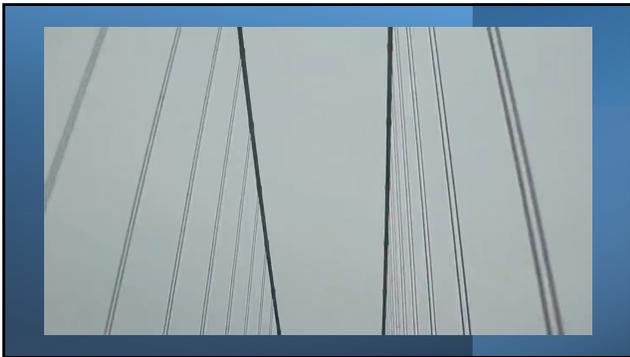
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Key Point: Suicide is Often Impulsive

“In a 2001 University of Houston study of 153 survivors of nearly lethal attempts between the ages of 13 and 34, only 13 percent reported having contemplated their act for eight hours or longer. To the contrary, 70 percent set the interval between deciding to kill themselves and acting at less than an hour, including an astonishing 24 percent who pegged the interval at less than five minutes.”

Anderson (2008) NY TIMES

340



341

Does Suicide Stop the Pain?

Suicide Doesn't Stop the Pain.
It Only Lays it On the Shoulders of the Survivors...

342

Goals of suicide intervention

01 Interrupt suicidal ideation	02 Sustain life	03 Facilitate protective care
--	---------------------------	---

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SUICIDE INTERVENTION - CDR

- **CLARIFY:**
 “Are you thinking about hurting yourself or killing yourself?” If yes...
 “Do you really want to die, or do you simply want to change the way you live your life?” If yes...
- **DELAY**
- **REFER - ALWAYS ASSIST IN ACCESSING HIGHER LEVEL OF CUSTODIAL CARE**

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SUICIDE INTERVENTION

<p>Mechanisms</p> <ul style="list-style-type: none"> • C - Clarify • D - Delay • R – Refer for protective/ custodial care 	<p>Mechanisms in the Model</p> <ul style="list-style-type: none"> • S • A – Suicidal intention revealed • F – Clarify • E – Delay • R – Refer for protective/ custodial care
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345

EXERCISE

EXERCISES WILL BE COVERED IN YOUR SUICIDE PREVENTION CLASS OF THE CHAPLAINCY ACADEMY

346

Personal Resilience

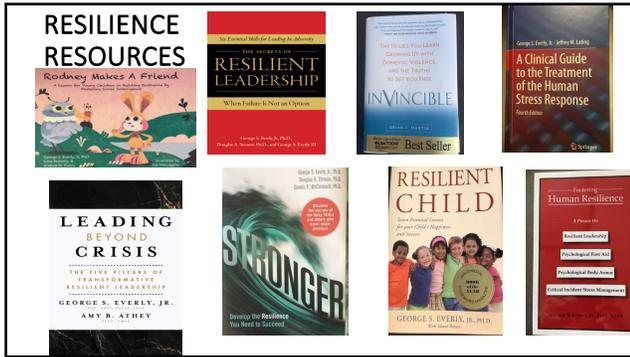
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- Everly, Jr., GS (2021.) Psychological immunity. <https://www.worth.com/psychological-immunity-stress-aiding/>
- Everly, Jr., GS (2021.) The power of prophecy. <https://www.psychologytoday.com/us/blog/when-disaster-strikes-inside-disaster-psychology/2021/01/starting-over-and-the-power-prophecy>
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- Everly, Jr., GS (2018). Resilient relationships. <https://www.psychologytoday.com/us/blog/when-disaster-strikes-inside-disaster-psychology/2018/07/resilient-relationships>
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LODESTAR
TAPPING INTO THE 10 TIMELESS PILLARS OF SUCCESS

JIM MCCANN AND
GEORGE S. EVERLY JR., Ph.D., FAPA

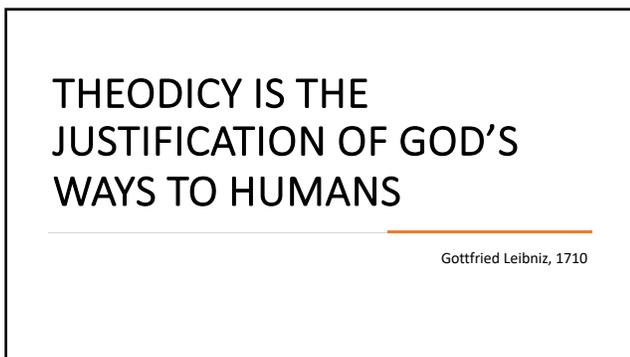
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“The righteous one perishes, but no one takes it to heart. Godly men are taken away, but no one discerns that the righteous man is taken from evil. He enters into shalom. They rest on their beds, each one who walked in his integrity”

ISAIAH 57:1-2

352

THEODOLITIC CRISIS:

Physical First Aid: Loss of Blood

Spiritual First Aid: Loss of Spirit and Faith

353



Commonly asked question:
Why would God allow this?

Also known as...
Why do bad things happen to Good People?

“My God, my God, why have You forsaken me?”- Psalm 22:2a

354

Spiritual First Aid: What to do First

- Assess for the degree of spiritual symptoms of traumatic stress
 - Is the person experiencing:
 - An actual “crisis of faith”
 - Making a cry of psychological distress/ grief using religious or faith-based language?

355

Spiritual First Aid

- It is not uncommon for individuals under extreme distress to express that distress using spiritual or religious terms.
- Such expressions do not necessarily indicate a crisis of faith, per se, rather, such expression may simply be expressions of psychological distress/ grief
- If uncomplicated psychological distress, spiritual interventions may not be indicated, utilize a psychological intervention

356

IF, the cry is truly indicative of a spiritual crisis, then listen to the specific nature of the crisis. Then, formulate your response based upon the specific needs of the person in crisis, rather than a “canned” pastoral or theological response

357

Symptoms of a Theodolitic Crisis

What is Faith?

FAITH - THAT WHICH ALLOWS YOU TO ACCEPT THAT WHICH YOU CANNOT UNDERSTAND! (Everly, 2002)

Crisis of Faith –

When one's normal, established relationship with God and accompanying theological worldviews are violated and rendered seemingly helpless / useless. (Webb, 2001)

358

Symptoms of a Theodolitic Crisis

- Feeling abandoned by God
- Finding it hard to pray
- No yearning for righteousness
- No spirit of thankfulness
- No value in scripture
- No sense of hope
- Desire to abandon personal faith belief
- Desire to try new belief system foreign to prior personal and/or family history and tradition

359



PRESSURE??

You're a Chaplain...

Tell us the answer !!!

360

Crisis of Theodicy: A SAFER-Revised Approach

- Stabilization & Introduction - Begin with... Ministry of Presence.
- Acknowledgement - Let the person tell their "story." Be open to expressions of feelings (as opposed to actively encouraging catharsis). Be tolerant of silence. Listen carefully for the nature of the theodicy question.
- Facilitate understanding - Offer empathic, reflective responses. Understand that questions of theodicy may be evidence of core faith disruption and may be the most common challenge faced.
- Encourage adaptive coping during the acute theodolitic challenge
 - The most common mistake that may be made is to try to "solve" the theodolitic dilemma in the moment of crisis or PRAY prematurely.
 - To begin, ask how the individual would desire to "understand" or "justify" the occurrence. That is, what "explanation" would be most comforting to them.. Affirm such a conclusion as best you can (if you can) and support that interpretation, at least in the acute phase.
 - In circumstances where there is no "most comforting" explanation, consider reliance upon faith (acceptance), while delaying the need to "understand" until referral for pastoral guidance/ counseling can be achieved. This approach is same as suicide intervention
- Referral for continued care, often pastoral counseling.

361

USING PRAYER: Know how and when to apply



- If it is asked for, or you believe God is calling you to do so – then ask permission
- If person's belief system supports it
- When in doubt, talk to God silently in your own heart
- Not done too quickly, as to make you feel better

362



363

Spiritual "CPR"

- C = Coping by attentive listening (allowing the person to ventilate)
- P = Presence and support of the person
- R = Resources to which you can assist the person in accessing is invaluable

364

Learn, Learn, Learn...

- Specific needs for various belief systems
- About yourself in relation to other belief systems
- Be sensitive to religious issues, traditions, beliefs, other than your own

365

Self-Care

Final Thoughts

366

Final Thoughts on Self-Care:

- Providing care, especially in a crisis or disaster, can seem overwhelming. As a result, the risk of burnout and depression increase. Those who appear to be the most psychologically resilient say they "take one day at a time" and appreciate the moment for what it is, i.e., the chance to alleviate human suffering one moment at a time, one person at a time.
- Reaching out to convene and rely upon social networks and support systems appears to be another powerful factor in sustaining resilience.
- Structure diversions and / or "downtime." Such experiences allow for both psychological and physical regeneration. "He who takes care of himself will be best prepared to take care of others."
- If possible, structured and regular physical exercise promotes both psychological and physical health and fosters resiliency.

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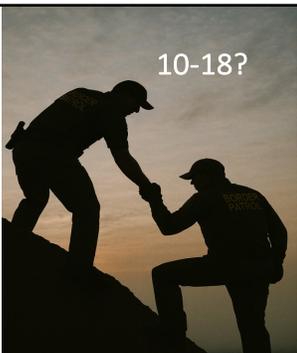
Final Thoughts on Self-Care:

- Resist the temptation to rely upon caffeine and related stimulants to enhance performance and upon alcohol and related depressant for rest.
- There is evidence that keeping a written journal, especially to express reactions in the wake of disasters, promotes health and resiliency.
- Cognitive flexibility seems to be a key to coping with otherwise frustrating experiences. When things go wrong, just remember, "That's why they call it a disaster."
- In the final analysis, optimism and unifying belief system, e.g., a religious belief system appear to powerful predictors of good psychological health

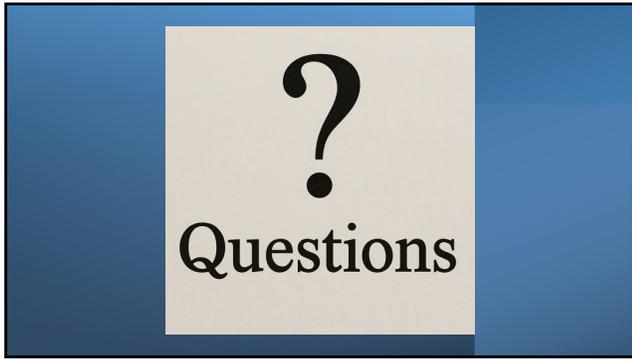
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It's Who You Know

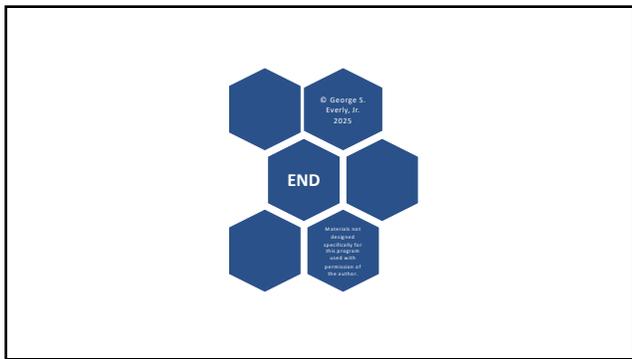
Single most powerful way to enhance resilience is the support of others!



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