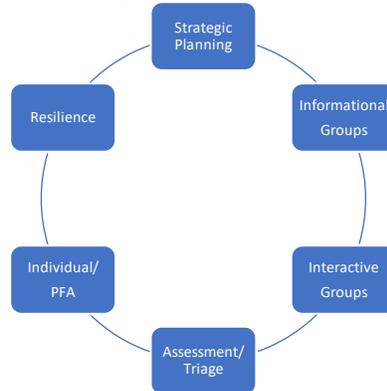




CISM OVERVIEW: THE WHAT

Peer Support for public safety personnel has been offered as the frontline service to provide a safety net utilizing all six key components of the ICISF CISM Peer Support Model.



This safety net can improve the system by increasing **resistance** to the psychological effects of trauma, and **resiliency** by equipping public safety personnel with the skills to be able to rebound from these effects and return back to adaptive functioning. This means that more public safety personnel will remain healthy, resulting in a reduction of lost time. A case example of an established peer support program demonstrates the cost savings in the first year (SCES, 2017).

A peer support program positioned on the full continuum of care, linked to other supports and services, ensures that needs can be met by multiple access points. ICISF CISM is well positioned to complement the other forms of support and can be an effective conduit for facilitating referrals to continued care for some individuals who otherwise would never accept treatment (Parad & Parad, 1968; 2016). Peer support can address social isolation and break down stigma that interferes with the **recovery** process (PSACC, 2016).

CISM is a term that refers to a comprehensive, integrative, strategic planning system complete with a multitude of crisis intervention tactics. Such a wide array of crisis interventions provides assurances that the continuum of supports will address and meet the needs of most public safety personnel and limit any “falling through the cracks.” An effective CISM system can be tailored to provide acute crisis intervention with individuals, interventions with small groups of those directly affected, or interventions with large groups of those indirectly affected. Effective CISM systems require 1) proficiency using various interventions (**individual, informational groups, and interactive groups**); 2) **surveillance, assessment, and triage**; And, 3) ongoing **strategic planning**.

In this model, the peers support a person as they search for their inner coping strategies through the use of simple tasks, short contacts, innovative techniques, practical suggestions, comfortable environments, by providing **proximal** peer-to-peer interactions, **immediacy** of access to supports, and **expectancy** of reasonable positive outcomes (Everly, & Mitchell, 2016).



CISM OVERVIEW: THE HOW

CISM Peer Support is **Comprehensive** in that it covers the entire scope of a critical incident and disaster mental health from pre-incident education, during time of impact, to post incident intervention and education, to the recovery/referral process. CISM is **Integrated** in that all of these interventions are integrated within one another and are not meant to be used as stand-alone techniques since they all build on one another. CISM is **Systematic** in that the interventions are phase-sensitive and work with the timing of the incident and the effects of the exposure. CISM is a **Multi-Component** (Components 1-6) approach in that it involves surveillance and assessment techniques to inform the peer team what interventions may be useful for the peer group. There are interventions that can reach individuals that are affected, other interventions can reach larger mixed groups, and other interventions that can reach smaller groups like crews, platoons, or task forces.

- 1) We start with building **resistance** through pre-incident education where we teach our colleagues how to recognize the signs and symptoms of distress and dysfunction in themselves and each other. Giving factual information about stress management and how to access external resources and services that are available to them through their departments and communities.
- 2) The first thing we do when our colleagues have been exposed to a critical incident is use our **surveillance** skills to assess for the impact the critical incident has on those involved. We are looking for signs and symptoms of distress and dysfunction and any change in the group's cohesion, performance, or communication.
- 3) Once we have made a full **assessment**, we are now able to formulate a **strategic plan** using the **5 Ts: Theme, Target, Type, Timing, and Team**. This will answer the what, where, why, when, and how of crisis intervention tactics.
- 4) The majority of interventions we use in Peer Support are **Individual interventions** such as the **SAFER-R**. We start with individual interventions so that we can **immediately** provide support to those showing signs of need and help us gain a better assessment of the level of **impact** the event has had on those involved. This will give us information that will help us determine the appropriate next steps, maybe an **informational group intervention**, such as a **CMB**, is required to fill in the gaps of factual information about the incident, how to recognize the signs and symptoms of stress, and stress management. This is meant to control the spread of rumours and mitigate stress reactions. Afterwards we would continue with more individual interventions and assess for the need of an **interactive group intervention** such as a **defusing** or **CISD** that is meant to mitigate stress reactions and restore the group back to their cohesive functioning, if group cohesion of a close-working team or unit is disrupted.
- 5) Finally, we would **follow up** with those we provided interventions and assess for whether or not they have **recovered** adaptive functioning or require a **referral** to formal mental health or other external support services appropriate for their needs.



Canadian Institute of Public Safety Research and Treatment (CIPSRT)

CIPSRT's Blue Paper, 2016

- Is Canada's leading experts in the field of Public Safety Research and Evidence-Based Treatments for Public Safety Personnel <http://cipsrt-icrtsp.ca>
- Published in 2016: Recommendations to Federal Government to inform drafting of BILL C-211
 - Consistent, coordinated model of Peer Support
 - Warns against variations to the model
 - ICISF CISM contains the required recommended criteria that Psychosocial Support Programs for PSP should include
 - Found that most department's that report using the ICISF CISM model do not include all 6 core components

CIPSRT's Mental Disorder's in PSP Prevalence Study, 2018

- Public Safety Personnel (PSP) are defined as those who work in a field that due to the nature of their operational duties are exposed to critical incidents on the daily in order to protect the safety of others. PSP positions include - but not limited to: Firefighters, Paramedics, Dispatchers, Correctional Workers, and Police Officers (Carleton, 2018).
- PSP are at increased risk for developing a psychological injury due to the nature of the work they do:
 - 44.5% meet criteria for one or more mental disorders (Carleton, 2018).

CIPSRT's Suicide Behaviours in PSP Study, 2018

- PSP rates are 3 times the general population
 - Firefighters reported lowest lifetime suicidal planning
 - EMS reported highest overall lifetime suicidal behaviour
 - Large majority of our firefighters are Integrated Fire/EMS

CIPSRT'S Mental Health Training and Attitudes Toward Support and Screening Positive for Mental Disorders, 2018

- Canadian PSP report they are most likely to access support from the Spouse firstly, then their friends and colleagues (peers) secondly
- Canadian PSP report they are least likely to access support through leadership including an EAP/EFAP Program

The International Critical Incident Stress Foundation (ICISF)

The International Critical Incident Stress Foundation (ICISF) is a not-for profit organization founded by two of the leading experts in Resiliency, Disaster Mental Health, and Crisis



Intervention for Public Safety Personnel (PSP); Dr. Jeff T. Mitchell and Dr. George S. Everly (www.icisf.org).

The ICISF is an accrediting body for training PSP in evidence-informed interventions for supporting their PSP colleagues who may become psychologically impacted by the exposures to potentially traumatic events throughout their daily operational duties.

The type of crisis intervention that has been purported to be most effective for PSP is peer support. A recent study out of CIPSRT in 2019 revealed that PSP are most likely to access supports through their spouses and friends and least likely to access supports through leadership or Employee Assistance Programs (Carleton, et. al., 2019). By training frontline PSP on how to recognize the signs and symptoms of distress and what to do when they recognize these signs is the first step to equipping PSP with the tools to start preventing the life-altering effects that the nature of their work has on their lives. The model of peer support the Founders of ICISF have developed is called Critical Incident Stress Management (CISM) and has a track record of over 30 years, used world-wide for many PSP agencies, institutions, organizations, governmental departments, healthcare, and the UN even has their own department of CISM Peer Support.

ICISF-CISM Peer Support Training

ICISF CISM Peer Support Basic Training includes two courses and is the bare minimum requirements for any peer to be able to provide peer support services to their colleagues:

1. "Assisting Individuals in Crisis"
2. "Group Crisis Intervention"

Core Courses:

ASSISTING INDIVIDUALS IN CRISIS

COURSE DESCRIPTION:

Crisis Intervention is NOT psychotherapy; rather, it is a specialized acute emergency mental health intervention which requires specialized training. As physical first aid is to surgery, crisis intervention is to psychotherapy. Thus, crisis intervention is sometimes called "emotional first aid". This program is designed to teach participants the fundamentals of, and a specific protocol for, individual crisis intervention. This course is designed for anyone who desires to increase their knowledge of individual (one-on-one) crisis intervention techniques in the fields of Business & Industry, Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress.

PROGRAM HIGHLIGHTS:

- Psychological crisis and psychological crisis intervention
- Resistance, resiliency, and recovery continuum
- Critical incident stress management
- Evidence-based practice
- Basic crisis communication techniques



- Common psychological and behavioural crisis reactions
- Putative and empirically-derived mechanisms
- SAFER-Revised Model
- Suicide Intervention
- Risks of iatrogenic “harm”

GROUP CRISIS INTERVENTION

COURSE DESCRIPTION:

Designed to present the core elements of a comprehensive, systematic and multi-component crisis intervention curriculum, the Group Crisis Intervention course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, especially RITS, defusing’s and the Critical Incident Stress Debriefing (CISD). The need for appropriate follow-up services and referrals when necessary will also be discussed.

This course is designed for anyone in the fields of Business & Industry Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress.

PROGRAM HIGHLIGHTS:

- Relevant research findings
- Relevant recommendations for practice
- Incident assessment
- Strategic intervention planning
- “Resistance, resilience, and recovery” continuum
- Large group crisis interventions
- Small group crisis interventions
- Adverse outcome associated with crisis intervention
- Reducing risks
- Critical Incident Stress Debriefing (CISD)