Critical Incident Stress Management:
Would It Benefit the Frederick County
Division of Fire and Rescue Services?

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CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotations marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: ________________________________
Abstract

The problem was that the Frederick County Division of Fire and Rescue Services (FCDFRS) did not have an established Critical Incident Stress Management (CISM) Team. The purpose of this research project is to identify whether a CISM program would be effective in helping to mitigate individual stress within the Frederick County Division of Fire and Rescue Services. The local police departments do not have CISM teams. Descriptive methodology was used to guide the study in answering four research questions related to the advantages of a CISM. The following research questions were addressed: What are the key elements of a Critical Incident Stress program? What are the key elements of a Critical Incident Stress Program that departments of similar size used as the foundation for a Critical Incident Stress Program? What are the key elements that the Frederick County Division of Fire and Rescue Services personnel identify as important in reducing individual stress? What are the key elements that Frederick County Division of Fire and Rescue Services should consider using? The literature indicated that the benefits of CISM for fire departments include an efficient, effective and proactive preparedness for dealing with stress experienced by our front line providers of fire and emergency services. The questionnaire results, along with the interviews, confirmed this. It is recommended that the FCDFRS train career staff, budget money, and consider developing a CISM team that includes representatives from the local police departments, emergency management, communications, health department, and other county agencies that may be interested. Some of the advantages of a CISM team include better mental health, less sick leave utilization, and a mechanism for dealing with stress in a constructive manner.
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Introduction

The fire service of the United States has taken on more than suppression activities in order to keep up with the demands from the public it serves. Progressive departments take care of hazardous materials, trench collapse, confined space rescue, terrorism threats and swift water rescue incidents (Collins, 2005). Fire departments should be prepared and committed to providing a quality of service that includes proper equipment and personnel trained to mitigate all emergencies. This leads to the research problem that will be addressed in this applied research project. The research problem is that the Frederick County Division of Fire and Rescue Services has not specifically explored or evaluated potential tools or solutions to help minimize or mitigate critical incident stress on its employees. The purpose of this research project is to identify whether a CISM program would be effective in helping to mitigate individual stress in Frederick County Division of Fire and Rescue Services. Descriptive methodology was used to guide this research in answering the following research questions: What are the key elements of a Critical Incident Stress program? What are the key elements of a Critical Incident Stress Program that departments of similar size used as the foundation for a Critical Incident Stress Program? What are the key elements that the Frederick County Division of Fire and Rescue Services personnel identify as important in reducing individual stress? What are the key elements that Frederick County Division of Fire and Rescue Services should consider using?

Background and Significance

The Frederick County Division of Fire and Rescue Services (FCDFRS) is comprised of 407 career staff that provides fire and emergency medical services, along with hazmat, confined space rescue, trench rescue and swift water rescue. The career staff supplements the 350 operational volunteers in 21 fire and emergency medical service (EMS) stations throughout the
county. Frederick County encompasses 664 square miles and is the largest county landmass in the state of Maryland. As of January 1, 2008, an estimate by Frederick County Planning and Zoning Committee has the population of Frederick County at 231,948 (Frederick County, 2009). Frederick County is subjected to various weather conditions which include the following: hurricanes, winter storms, flash floods, and hot, humid summers. In 2001, there were 84,685 housing units and 5,825 business and retail establishments. There were 35 elementary schools, 13 middle schools, and 11 high schools (United States Census Bureau, 2001).

Career firefighters and volunteer firefighters are dispatched to mitigate a significant amount of fire and emergency medical service. These emergencies are listed in Table A.

<table>
<thead>
<tr>
<th>Year</th>
<th>Volume of Emergency Incidents</th>
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<tbody>
<tr>
<td>2002</td>
<td>22,445</td>
</tr>
<tr>
<td>2003</td>
<td>23,561</td>
</tr>
<tr>
<td>2004</td>
<td>24,669</td>
</tr>
<tr>
<td>2005</td>
<td>23,742</td>
</tr>
<tr>
<td>2006</td>
<td>24,342</td>
</tr>
<tr>
<td>2007</td>
<td>34,999</td>
</tr>
<tr>
<td>2008</td>
<td>27,674</td>
</tr>
<tr>
<td>2009</td>
<td>27,214 (as of date submitted)</td>
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</table>


Currently there is not a Critical Incident Stress Management team in place in FCDFRS to assist the staff and firefighters on the front lines with stress experienced on emergency scenes.
A major goal derived from the Executive Development course was to focus attention on the executive fire officers as leaders in their departments; to address problems, not walk by them (National Fire Academy [NFA], 2005). A CISM team would be one approach for the FCDFRS to solve a lack of preparedness in the mitigation of stress experienced by fire and EMS personnel at incidents. This directly relates to the United States Fire Administration Goals and Objectives, meeting goal number three, “Improve the fire and emergency services capability for response to and recovery from all hazards” and Objective 3.2 “Advocate a culture of health, fitness, and behavior that enhances emergency responder safety and survival” (National Fire Academy, [NFA], 2009). In summary, this research is significant because it could provide the Frederick County Division of Fire and Rescue Services with a guide, grounded in good research and literature, and appropriate to the subject. The following section begins this journey by reviewing literature reflecting the advantages of a Critical Incident Stress Management Team.

**Literature Review**

This literature review is intended to disseminate information from different authors to assist in answering the research questions in this applied research paper. Many books and applied research papers were reviewed on the subject of critical incident stress management.

Dr. Mark Goulston, MD, a former Assistant Clinical Professor of Psychiatry at UCLA, (2007) states that “if you wake up screaming after terrible nightmares, feel cut off from your life and people around you, as well as being angry or sad all the time” (p. 9) you are having a post-traumatic stress disorder (PTSD). Many things can set PTSD in action. More than 70 percent of people who live in the United States will suffer a traumatic event at some point in their life (Goulston, 2007). Dr. Goulston goes on to explain that PTSD can affect anyone, adults or children. The four main triggers of PTSD in firefighters are hurricanes, fires, earthquakes and
floods. Dr. Goulston (2007) states that “unlike simple stress, trauma changes your view of life and yourself” (p.23). Three core symptoms of PTSD are intrusive thoughts, avoidance and hyper-arousal. Intrusive thoughts include, but are not limited to, flashbacks. During flashbacks the person has a memory of the trauma that occurs in the present. People also feel that nothing ever goes right for them. As for avoidance, PTSD sufferers will stop going to places that resemble where the original trauma took place. During the final stage of hyper-arousal a situation can cause a person to have the traits shown in Table B.

Table B: Hyper-Arousal Traits

Chronic irritability
Quickness to anger
A feeling that if they just relax and let go, something terrible may happen
Difficulty sleeping or even resting
Exhaustion stemming from nervous-system overload
Heart palpitations, sweaty palms triggered by a flight-or-fight reaction to a trigger

(Goulston, 2007)

Trauma involves a loss. The effects of trauma can destroy the sense of safety, predictability, and justice that is assumed in one’s life (Kane, 2008). In the book, Healing Together, A Couples’ Guide to Coping with Trauma and Post-Traumatic Stress, authors Suzanne Phillips and Dianne Kane, (2008) state that “trauma responses are normal reactions to an abnormal event” (p.40). Recovery from a traumatic experience is a process, and psychological first aid is an important part of that process.
Billy Hayes, Director of Public Information and Community Affairs for the District of Columbia Fire and Emergency Medical Service emphasizes the importance of Initiative 13, which states that firefighters and their families have access to counseling and psychological support, is a very important one for reducing firefighter line-of-duty deaths (LODD). When a LODD occurs there are two families that need care, one is the family at home and the other is the family at the firehouse. “Many times firefighters get so caught up in the technical needs and what happened in an incident and preventing it from happening again that we tend to overlook the human emotional needs of coping with the loss” (FireRescue1.com, 2009). It is important for firefighters to remember to take care of themselves as they take care of the family suffering the loss.

Billy Hayes states that “stress is a contributing factor to cardiovascular events, whether it is strokes or heart attacks” (FireRescue1.com, 2009). Director Hayes has a “Check-up from the Neck Up” that he suggests the fire departments use to see how firefighters are dealing with stressors from work and home. This check-up includes the following: inviting a mental health professional to conduct training, specifically on the recognition of stress and how to deal with it; having events at the fire house for families so that they can find support in each other and better understand the stress that firefighters go through at work; and avoid the use of the employee assistance program as a form of discipline.

In 1999 Drs. Everly and Mitchell defined critical incident stress management (CISM) as a comprehensive crisis intervention system. This system became known as the Mitchell model that addresses the temporal and functional spectra of a crisis. CISM deals with the pre-crisis phase, acute-crisis phase, and the post-crisis phase. There are seven core components of CISM which can be found in Table C.
Table C: Seven Core Components of CISM

1. Pre crisis preparation – components include stress management, stress resistance and crisis defusing for individuals and organizations.

2. Large scale interventions – to include demobilization of firefighters, police, and other personnel on the scene of the emergency.

3. Defusing – to include small group discussions with in a few hours of the incident to make assessment, triage and symptom mitigation.

4. Critical Incident Stress Debriefing – a group discussion held within one to ten days to assess the need for follow up.

5. One-on-one crisis intervention/counseling

6. Family crisis intervention

7. Follow-up and referral mechanisms for assessment and treatment if needed

(Everly, 2001)

A CISM team can utilize the elements in Table C to mitigate stressful incidents. It is important to note that a combined emergency services CISM team reduces the need to utilize an agency’s members as part of the team whenever a trauma takes place within that agency. A typical team is made up of 20 – 40 people. According to Dr. Everly (Everly, 2001) “One third of the team should be mental health professionals and the remaining two thirds should be peer support personnel” (p.140). The support personnel can be comprised of any of the following: military, police, nursing, firefighters, corrections officers, and other first-responder groups. The following, according to Dr. Jeff Mitchell, are a must for a CISM team: a clinical director, senior
team coordinator, an assistant team coordinator, a mental health professional and peer support personnel. Dr. George Everly (2001) stated that, “the vast majority of CISM teams have provided high-quality defusing and debriefing services, and have helped many thousands of emergency personnel” (p.194).

There are four concerns that CISM teams need to be aware of: (1) attempting to turn a debriefing into psychotherapy, (2) teams falsely believing that some of their members can serve without appropriate CISM training, (3) believing, in error, that every person in a debriefing must speak during the debriefing in order to receive any benefit from the session and (4) believing that all the supportive work of the team must be accomplished during the actual debriefing. All are serious mistakes (Everly, 2001).

Patricia J. Watson states (Mikolaj, 2005), “early interventions for those who have suffered severe stress may facilitate better coping, as expressed by improved task performance, better interpersonal interactions, controllable emotional and sustained self-esteem” (p.124). Some individuals can recover a balanced life utilizing social support and resources, however, others will require additional assistance from mental health providers. Table D lists key components of disaster behavioral interventions.

<table>
<thead>
<tr>
<th>Table D: Key Components of Disaster Behavioral Interventions</th>
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<tbody>
<tr>
<td>1. Systems issues/program management process</td>
</tr>
<tr>
<td>Prepare/foster capacity and resilience</td>
</tr>
<tr>
<td>Conduct needs assessments</td>
</tr>
<tr>
<td>Monitor the rescue and recovery environment</td>
</tr>
<tr>
<td>Foster Recovery</td>
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</table>
Evaluate outcomes

2. Interventions/direct survivor care

   Provide for basic needs

   Triage

   Psychological First Aid

   Outreach and information dissemination

   Technical Assistance, consultation and training

   Treatment

(Fullerton, 2005)

Psychological first aid needs to address engagement, safety orientation, stabilization and self-regulation, and connectedness. During the engagement phase it is important to be able to initiate contact in a non-intrusive and helpful manner. This is accomplished through listening and responding to immediate needs and concerns. Safety and orientation is accomplished through the assurance of immediate safety, orientation, and access to resources. Stabilization and self-regulation assists the affected workers with understanding changes in emotional reactivity. Connectedness promotes the feeling that other people do care and want to help, and that you can help and care about others too. Doctor Patricia Watson provides a consensus guideline that offers the following basic recommendations for acute behavioral interventions following mass trauma, which can be found in Appendix A.

Alan A. Mikolaj (2005) states “emergency care providers have a false sense of immunity to stress” (p. 25). This he refers to as the false perception of “I can do it all.” Denial is a common tool used by emergency providers to handle stress. Denying the impact of the stress or
critical incident stress, however, takes away energy from the provider’s mind that could be utilized in a more productive manner. This is how many emergency providers get post-traumatic stress disorder. Mikolaj (2005) states “offering forms of crisis intervention by appropriately-trained peer crisis counselors and/or mental health professional is still reasonable and prudent” (p.72).

John Violanti (2006) states, “Police officers are susceptible to a ‘psychologically’ stressful work environment filled with danger, high demands, ambiguity in work encounters, and exposure to human misery and death” (p.17). An increase in terroristic attacks and homeland security demands add to the stress. According to Violanti (2006), organizational and operational factors are increasingly being implicated as predictors of traumatic stress reactions (Paton, 2006). Some of the organizational stresses included lack of consultation, poor communication, and red tape. Hence, organizational hassles and traumatic experiences of the police officers influence the vulnerability to traumatic stress. John Violanti (2006) states that “police officers need adequate training programs to prepare officers for the trauma exposure, provide the capacity for officers to shift conceptually into a non-routine disaster context, and to maintain coherence between organizational expectations and occupational experiences, thereby minimizing the occurrence and impact of daily chronic stressors” (p.95).

A positive organizational climate assists in the lowering of post-traumatic stress. Proactive and primary interventions are required for those who experience significant adverse reactions. The organization links the proactive intervention into the organizational culture and organizational development. The formal support intervention can be found in Appendix B. This support intervention will increase the likelihood that the emergency responders will benefit from their experience.
The military has utilized Critical Incident Stress Management (CISM) during and after military combat. During World War II, the principles of immediacy, proximity, and expectancy were formulated. Christodoulou (2006) states, “Likewise, the American Red Cross has recognized the importance of defusing and debriefing among the crisis interventions of its disaster mental health services for both disaster victims and Red Cross disaster workers” (p.149). CISM is utilized in schools, colleges, healthcare settings, private business and in industries. A list of community-wide events that can be traumatizing are found in Appendix C.

Emergency responders must keep in mind that stress is a reaction to an event. According to Mike McEvoy (2004), the emergency medical service coordinator for Saratoga County, New York, “more people die from chronic stress that perhaps any other medical or psychological malady” (p.5). McEvoy (2004) states, “No amount of experience prevents a responder from developing acute stress disorder or Post-Traumatic Stress Disorder symptoms on occasion” (p.50). Fire department leadership must recognize that no two emergency incidents are alike and that personnel may or may not need formal CISM. McEvoy (2004) also states, “the CISM team attempts to reduce the impact of the event on significantly affected responders and hopes to expedite their return to normal routines” (p.56). Familiarity with CISM procedures has given many responders and emergency service managers the input needed to conduct informal CISM sessions on their own. Mr. McEvoy points out those emergency responders are well prepared for incidents, however, they are still susceptible at times to the effects of extraordinary stress.

Research, according to Cheryl Regehr, has lead to the recognition that emergency responders who are exposed to mutilated bodies, mass destruction, and life threatening situations may become hidden victims of disaster. Cheryl Regehr (2005) states, “Traumatic stress reactions stemming from this exposure have important implications for individual workers and
their families who are attempting to deal with the aftermath of traumatic events” (p.68). This is why intervention programs are necessary in this type of work environment. Building a proactive support system for the families of the emergency responders builds vital social support for both the individuals and, indirectly, for the larger organization. Regehr (2005) goes on to state, “When mental health professionals coordinate their efforts with the mechanisms already in place in the organization, the work of peers is enhanced” (p.130).

Chaplains can provide a faith-based perspective to the trauma experience. Paul Antonellis and Mitchell (2005) stated that “Chaplains may be more likely to be approached by fire personnel and their families for performing pastoral crisis care when the chaplains are known and the personnel and their families are comfortable with them” (p.106). These authors also stated that fire departments must keep in mind that employee assistance programs may be helpful, however, they may not be able to treat traumatic stress. The use of CISM teams that have trained peers, chaplains, and mental health professionals in which the team works together to educate, support, and refer firefighters for treatment when necessary is also very helpful to first responders. CISM professionals stress the need for follow-up after other crisis intervention services. Antonellis and Mitchell (2005) stated, “The best system for preventing and mitigating psychological trauma is one that is comprehensive in scope and involves all the stakeholders (i.e., firefighters, family members and administrators)” (p.119). This is a proactive approach designed to ensure that no critical area is missed when an incident happens requiring CISM.

The literature review emphasized how important early utilization of a CISM team is in lowering firefighters’ stressors. The literature also identified the need for a proactive, efficient and effective CISM team to foster goodwill across all departments comprising the CISM team.
The following section reviews the descriptive procedures used in searching for answers to the research questions.

**Procedures**

The procedures for this applied research paper initiated from research of existing references about CISM at the National Fire Academy’s Learning Resource Center. Next, leaders in the field of CISM were found. This was accomplished through emails sent out to fellow members of the International Association of Fire Emergency Services Higher Education Association. Books were read dealing with CISM. TRADENET, a training resource and data exchange program which is a regionally-based network designed to foster the exchange of fire-related training information and resources among federal, state and local governments, was utilized to try to determine fire departments that have CISM teams in place. The questionnaires were developed to help answer the research problem questions. These questionnaires were developed based on information from reading literature on CISM and from interviews. The results of the questionnaires can be found in the Appendix. A list of the department’s name, who replied to the questionnaire, can be found in the Appendix F. There were 258 responses received from the nationwide search of fire departments, and there was a 33% response to the questionnaire sent to the Frederick County Division of Fire and Rescue Services personnel.

Telephone interviews were conducted with the following CISM authorities: Cynthia Goss, Lawrence Bennett, Captain Frank Farrell, Captain James Nelms, Richard Boland, Chief Vaughn Donaldson, Dr. Grady Bray, Deputy Chief Pat Kenny and Professor Cliff Scott.

Personal interviews were conducted with the following CISM authorities: Dr. Victor Welzant, C. Kenneth Bohn Jr., Donald F. Gow, and Donald R. Howell.
The following were interviewed from the Frederick County Division of Fire and Rescue Services: Operations Bureau Chief Douglas Brown, Bureau Chief of Training and Advanced Life Support Rick Himes, Battalion Chief of Advanced Life Support David Chisholm, B-Shift Battalion Chief Tom Coe, Lieutenant Chris Morlan, and Lieutenant Kathleen Harne.

The interviews and telephone calls varied in time from fifteen minutes to one hour.

Limitations

The researcher attempted to contact departments thought to have CISM teams in place and serving a similar size population with similar needs as FCDFRS. It was difficult to determine, prior to the questionnaires being sent out, which departments met those criteria. Some fire departments responding to the nationwide questionnaire did not post their department’s name and may not be reflected in the list of questionnaire participants. Additionally, some of the authorities in CISM, with whom the researcher would have liked to talk to, could not be reached.

Results

The overall results of the research identified the elements needed for a CISM team. The research questions used to guide this study were: What are the key elements of a Critical Incident Stress Management program? What are the key elements of a Critical Incident Stress Management Program that departments of similar size used as the foundation for a Critical Incident Stress Management Program? What are the key elements that the Frederick County Division of Fire and Rescue Services personnel identify as important in reducing individual stress? What are the key elements that Frederick County Division of Fire and Rescue Services should consider using?

The first research question asked what are the key elements of a Critical Incident Stress
program? The literature review presented key elements of a CISM program that included the following: Pre-crisis preparation, large-scale interventions, defusing, critical incident stress debriefing, one-on-one crisis intervention/counseling, family crisis intervention, follow-up and referral mechanisms for assessment, and treatment, if needed. Also, the CISM team would require the following key positions: a clinical director, senior team coordinator, assistant team coordinator, mental health professionals and peer support personnel. The team should be made up of one-third mental health professionals and two-thirds peer support personnel. Peer support personnel can be members of all agencies from which the team is comprised.

Mr. Lawrence Bennett, Deputy Director of the Fire Science and Emergency Management at the University of Ohio, (personal communication, August 24, 2009) stated that key elements for a CISM program are to follow protocols and to not “wing it.” He has served with the South West Ohio CISM team for 10 years, and he is a former District of Columbia police officer who would gratefully have utilized a CISM, had been in place for him and other officers at the time of his service. It allows people to return to duty and it keeps them in the service until they retire. He also utilizes another key element in his CISM team, a pet therapy dog named Bruce. Bruce helps people to start interacting.

Mrs. Cynthia L. Goss, President of the Catch a Falling Star Law Enforcement Assistance Program, states that there are several key elements for a successful CISM program. First, support must come from the management. This is critical for the management to support the program and to understand the purpose of CISM. Second, training to get certification is vital. Third, peer support is essential. Fourth, a thorough background check of team members must be done. Fifth, it is very important to follow set CISM protocols. Sixth, establish policy and procedures. And finally, utilize chaplains from all different faiths. Mrs. Goss stresses that it is
important to have the psychologist and chaplains take the CISM training in order for them to understand the culture of the fire service. She also states that CISM is for peer support, not mental health, and that it is very beneficial. In the twenty years she has been doing CISM, she has heard the tragic tales of what happens when it is not used. She has found that when CISM is used for one incident, it can also help the providers deal with another past incident. In her research, Cynthia has found that, of those emergency workers who think of suicide or have a drinking problem, it is always due to an incident not discussed or taken care of properly. Critical incident stress takes a toll on the mental and emotional health, and the finances of a person who does not get CISM. The bottom line is, CISM saves lives.

Dr. Grady Bray, an internationally known disaster psychologist, stated that a CISM team that has strong peer support will last longer (personal communication, August 26, 2009). He stressed the importance of getting emergency management to provide support and of making the team a multi-agency group. Dr. Bray sees benefits to CISM as long as it is utilized properly, and as long as the most effective method is used for the situation.

Mr. Cliff Scott, assistant professor of the University of North Carolina, Charlotte, Department of Community Studies, stated that an essential element of a CISM team is to permit people to be able to talk freely and not be judged (personal communication, August 26, 2009). He also stated that the team and participants must realize that different people react differently to trauma situations. Mr. Scott finds CISM to be beneficial and believes it will be a tool to lower turnover in the emergency services field.

The second research question asked, what are the key elements of a Critical Incident Stress Program that departments of similar size used as the foundation for a Critical Incident Stress Program? The responses for this question can be seen in Appendix E. Questions four and
six are discussed here due to being written responses. Question four of the nationwide questionnaire was: If you do not have your own Critical Incident Stress Management team, what team do you utilize? The following were listed: a state-wide team, a mutual aid agreement with another jurisdiction, the Red Cross, an Employee Assistance Program, a county-provided team, a local police department, and a local training academy. Some replied that they do not use CISM services at all. Question six of the nationwide questionnaire was: Please list any other elements that your CISM program may have that is not listed in question five. The following is a sampling of the responses that were received: wellness staff, employee assistance program, chaplain, police, social services, dispatchers, a regional multidiscipline team, emergency responders, trust and discretion, pastors, and persons trained specifically in fire service CISM. One respondent expressed concern that CISM could be harmful and not beneficial to people receiving the services.

On August 17th, 2009, I had an interview with Dr. Victor Welzant, C. Kenneth Bohn Jr., Donald Gow, and Donald Howell. The interview was held at the International Critical Stress Foundation, Inc., in Ellicott City, Maryland. Dr. Welzant is the Director of Education and Training, Mr. Bohn is the Director, Mr. Gow is the Logistics Specialist, and Mr. Howell is the past Director. All of these individuals work for the foundation, have many years of experience, and are recognized authorities in CISM. Mr. Bohn (personal interview, August 17, 2009) stressed the importance of getting the administration to support the need of a CISM team. It is important to decide who will be the lead agency. He also stressed the importance of screening the motives of someone desiring to join the team. Some motives are not conducive to helping others. The team must clearly understand how it will function within the fire department. The
trend for a CISM team is about five years, hence continual recruitment is needed. He also stated that if CISM is applied correctly, people will be helped.

Dr. Welzant (personal interview, August 17, 2009) stressed the importance of having a clinical leader who is a social worker, a psychologist, or a psychiatrist. It is important for this person to do a ride along with emergency responders and to take the classes for CISM along with the other team members so that the team can function as a cohesive unit. The best practice for obtaining this person is by word of mouth. Confidentiality is vital for a CISM team.

Requirements for team meetings and recertification training must be established. Ann Arundel County, Maryland, has successfully utilized a CISM team many times. Dr. Welzant also stressed the importance of remembering to “debrief the debriefer.”

Mr. Don Howell (personal interview, August 17, 2009) stated that different states across the nation are adopting legislation to have laws enacted to protect the CISM members. He also noted that it is important to remember to include the communications crews in the CISM. Many times these players are forgotten. Mr. Howell pointed out the importance of having members on the team that you can trust. To obtain these members he suggested listening to others who may suggest members of the team. These people will probably have integrity. Howard County Maryland Fire Department required their officers take the CISM training first so that they would understand it, see its importance and gain management support. Every recruit class in the Howard County Fire Academy takes a three-hour class on crisis management. This enables them to understand what it is, that it is available to them, and how it functions. Mr. Howell pointed out the importance of having the referral service serving the fire department understand the culture of fire and emergency medical services. CISM is a beneficial tool.
Mr. Don Gow (personal interview, August 17, 2009) stated that in 1995, approximately 400 members of the Baltimore City Fire Department lost work time due to traumatic work-related incidents they responded to. By 1996, due to administration support by the Baltimore City Fire Department, CISM was introduced and only two employees lost a total of eight days due to work-related trauma! The CISM team provided pre-incident training to firefighters regarding stress, the function of the team, and why it was formed.

Richard Boland (personal communication, August 26, 2009) is a leader of the Pittsburgh CISM team. He is a paramedic, firefighter, and mental health clinician. Richard stated that without peer support, CISM will not exist. He stated that it is important to seek out mental health experts for the team that are familiar with the fire service culture. Richard served in Viet Nam, saw his partner killed by a drunk driver, and was held captive in a jail riot. He feels that without the use of peer support CISM, he would not be where he is today. CISM did its job for him.

Captain James Nelms, of the Henry County Fire Department in Georgia, (personal communication, August 26, 2009) stated that comprehensive training is a key element needed for the success of a CISM team. This training will define what CISM is, how it is to function, and when it is to be utilized. His department has 300 firefighters and the recruits go through an eight-hour familiarization class on CISM. The officers of the department receive intensive training on recognizing when CISM is needed. Captain Nelms has seen approximately 100 firefighters continue their job due to CISM. CISM is the bridge between firefighters and mental health services. He also stated that the clinicians are willing to assist those firefighters going through divorce or having problems with their children. Captain Nelms finds CISM to be very beneficial.
District Chief Vaughn Donaldson, of the Midland Texas Fire Department, (personal communication, August 26, 2009) stated that in his 18 years of having a CISM team in his department, he has found pre-incident education of firefighters about CISM is the most important element. The pre-incident education takes away the stigma about CISM and helps firefighters to feel comfortable about using it. Chief Donaldson states that during a traumatic incident, stress affects the brain and things become unclear. During CISM processes involving groups, facts become clearer as others speak, and this helps the group become more cohesive.

Deputy Chief Pat Kenny (personal communication, September 4, 2009) stated that the fire service needs to look at the holistic view of the firefighter. The fire service does well at the physical training of firefighters, however mental health is not taken care of. Deputy Chief Kenney states that one impacts the other. It affects the family also, especially now with the economic situation. Privacy and integrity of the CISM program must be maintained for it to work. The mental health providers should become familiar with the culture of the fire and emergency services. Fire department orientation in academies would be very beneficial to have firefighters understand mental health issues. Deputy Chief Kenny stated that the Illinois Fire Departments will be doing a fire department orientation in October to the stations in Illinois on mental health. He also stated that behavioral health must be part of the fire service culture.

The third research question asked, what are the key elements that the Frederick County Division of Fire and Rescue Services personnel identify as important in reducing individual stress? The responses to the questionnaire sent to all personnel in the Frederick County Division of Fire and Rescue Services (FCDFRS) can be found in Appendix D. Question nine of the questionnaire sent to FCDFRS personnel asked, “What are the key elements that you identify as important in reducing individual stress?” Due to the question’s easy format, the following is a
summary of the responses provided: understanding what things you have control over and can change the outcome of versus what things you do not have control over, being positive, enjoying your job, talking in the open without ridicule, knowing others have gone through the same event, someone to actively listen, open door policy to talk to supervisors, physical fitness, understanding from fellow firefighters; incident debriefing, ability to take a shift off, being able to seek counseling, having personnel readily available to provide CISM, and relaxing at home.

Lieutenant Christopher Morlan (personal communication, August 24, 2009) stated that his shift should have utilized a CISM team several months ago to assist them in dealing with the death of Frederick City Police Department Officer Mark Bremer, who firefighters had to extricate from his police car after a high speed chase. The officer died of his injuries enroute to the hospital, and the incident was especially traumatic since everyone on Lt. Morlan’s shift knew the fallen officer. The responding firefighters were left to deal with the death on their own until a week later when someone was sent to ask if they needed any help from the employee assistance program. Lieutenant Morlan stated that a CISM team would have been very beneficial to him and his shift.

The fourth research question asked, what are the key elements that Frederick County Division of Fire and Rescue Services should consider using? Captain Frank Farrell of the Baltimore City Fire Department (personal communication, August 24, 2009) stated that the Frederick County Division of Fire and Rescue Services should develop its own team with an emphasis on peer support. The peer support will give credibility to the team and make the staff feel more comfortable with trauma-related discussions. Confidentiality must be maintained at all times, unless someone expresses that he/she intends to do themselves bodily harm. Many individuals utilizing CISM have found it to be beneficial, and have apprised Captain Farrell of
their success with the program. He stated that research supports this. CISM can prevent traumatic experiences from escalating into Post-Traumatic Stress Disorder. Critical Incident Stress Management is also good for the department financially; making the workers more productive with less sick time.

Bureau Chief of Training and Advanced Life Support Rick Himes (personal communication, August 24, 2009) stated that management will have to determine the degree of impact to which personnel are affected by a critical incident and then determine the need for CISM. Staff would need to take specialized training in CISM, and it would have to be supported by top management. Chief Himes finds CISM to be beneficial in keeping people on the job. It would be part of a total health and wellness program and it would be in the organization’s best interest. He also believes that when CISM can not assist a worker, a referral process must be in place.

Battalion Chief Dave Chisholm (personal communication, August 24, 2009) supports the concept of CISM. He states that it must consist of peer support trained in CISM. The clinicians need to understand the fire department culture in order for it to be successful. People must not be forced to attend debriefings. BC Chisholm also would like to see an educational aspect begun to teach firefighters and medics about what critical incident stress is and how to recognize it. The officers would need to be trained in this first.

Lieutenant Kathleen Harne (personal communication, August 24, 2009) states that the elements that are important for a CISM program is leadership, peer support, continuing education and quarterly meetings. She finds CISM to be beneficial, and stated that reexamining and discussing a call is essentially an unstructured CISM.
Chief of Operations Douglas Brown (personal communication, August 24, 2009) has seen the need for a CISM team. He noted the accident where police officer Mark Bremer lost his life during a high speed chase. This greatly affected the shift. He checked on the crew daily; but he would have preferred to have something more beneficial available for them. Chief Brown hopes to see the health and wellness of employees include CISM in the future. He believes CISM to be a great help to those who request it. Chief Brown is currently tasking a group with developing a draft proposal for standard operational procedures on CISM use.

Battalion Chief Tom Coe (personal communication, August 24, 2009) believes that three elements are paramount for a CISM program in Frederick County. First, there needs to be training so that the members know their limits in helping others. Secondly, peer support must be an integral part. And thirdly, a mental health professional must be part of the team. BC Coe stated that he finds CISM to be very beneficial.

Discussion

The key elements of a critical incident stress program were found through literature review and personal communications with authorities in CISM. According to Mike McEvoy (2004), the emergency medical service coordinator for Saratoga County, New York, “more people die from chronic stress that perhaps any other medical or psychological malady” (p.5). The following, according to Dr. Jeff Mitchell, are a must for a CISM team: a clinical director, a senior team coordinator, an assistant team coordinator, a mental health professional and peer support personnel. Dr. George Everly (2001) stated, “The vast majority of CISM teams have provided high quality defusing and debriefing services and have helped many thousands of emergency personnel” (p.194). Mr. Lawrence Bennett, Deputy Director of the Fire Science and Emergency Management at the University of Ohio, (personal communication, August 24, 2009)
stated that a key element for a CISM program is to follow protocols. Dr. Grady Bray (personal communication, August 26, 2009) stated that a strong peer support group will help a CISM team to last longer, and “buy-in” from emergency management is essential. Mr. Bray also stated that a CISM team should be comprised of multi-agencies.

The key elements of a critical incident stress program that departments of similar size used as the foundation for a critical incident stress program are demonstrated through the questionnaire results in Appendix E. Thirty-four percent of respondents have their own CISM team. Sixty-two percent of the respondents stated that they would feel comfortable utilizing a CISM team. For those departments that did not have their own team, a regional one was available for their use. These departments are demonstrating the importance of having a CISM team.

Literature supports CISM as follows: Combine and recommend information as new knowledge, and combine components in new ways to rehearse potential new situations and desensitize to those experienced, recognizing the multiple roles and cohesive team ethos of emergency responders, allow goals to be accomplished in more that one strict, formulaic, mechanistic response and recognizing and encouraging creative and innovative methods while providing a framework of safety catch point to insure important policies and laws are met. It is also important to encourage the telling of stories that allow others the benefit of shared experiences. Managers must stay connected with the reality of the employees and it is imperative after a traumatic event that managers and administrators stay connected to what is happening to these employees. It is important to identify and give credit to individuals who have acted under adverse circumstances. Words of support, encouragement, recognition, and value are especially important in chaotic circumstances (Calhoun, 2008). To successfully enable
emergency responders to recover in a more timely fashion with less stress, CISM should be utilized.

The key elements that the Frederick County Division of Fire and Rescue Services personnel identifies as important in reducing individual stress were determined in the questionnaire sent to the department found in Appendix D. The following is a summary of the input provided for question nine of the questionnaire: understanding what things you have control over and can change the outcome of versus what things you do not have control over, being positive, enjoying your job, talking in the open with out ridicule, knowing others have gone through the same event, someone to actively listen, open door policy to talk to supervisors, physical fitness, understanding from fellow firefighters, incident debriefing, ability to take a shift off, be able to seek counseling, having personnel readily available to provide CISM, and relaxing at home.

A key element that the Frederick County Division of Fire and Rescue should consider using, according to Chief Brown, (personal communication, August 24, 2009) would be a health and wellness program for employees that includes CISM. He finds CISM beneficial to those who request it. Chief Brown is tasking a group to develop a draft proposal for standard operational procedures for CISM use. Chief Himes (personal communication, August 24, 2009) stated that staff would need to take specialized training in CISM. It would have to be supported from the top of the department. Chief Himes finds CISM to be beneficial to help keep people on the job. It is also part of a total health and wellness program and it is in the organization’s best interest.
Recommendations

After utilizing descriptive methodology to guide my research through reading reference books, conducting interviews and viewing feedback from a questionnaire, the results identified the elements needed for a Frederick County Division of Fire and Rescue Services CISM team and demonstrated the benefits this team would bring to the department. A multi-agency CISM team can aid many departments throughout the county during traumatic incidents through proactive, efficient, and effective uses of fire department resources. Chief of Operations Douglas Brown stated that the FCDFRS does not have a CISM team established in the department. The FCDFRS CISM team can be established through the following: send all staff that want to be team members to CISM training, establish a budget for the team for possible overtime, develop standard operating procedures for the team to follow, establish a class in the academy for recruits to become familiar with CISM, and send the current staff to an orientation on the benefits and operations of CISM.

Also, based on the research, questionnaires, and personal communications, it is in the best interest of the public and the department to take on a proactive role as the leader in providing the best emergency mitigation personnel. This would be achieved through a total health and wellness program that includes the establishment of a CISM team in the FCDFRS.

A specific manner for the CISM team to evolve would be to utilize the services and training provided at the International Critical Incident Stress Foundation. Personnel from all ranks desiring to be on the CISM team would receive this training.

The results showed that following this recommendation, the firefighters would be able to manage the stress brought on by traumatic incidents that affect them and their families at home, as well as their fire department family, and it would increase the likelihood of everyone going
home safely. Hence, CISM would be extremely beneficial to the Frederick County Division of Fire and Rescue Services.
References


Appendix A

Basic recommendations for acute behavioral interventions

1. Provide early interventions designed to reduce excessive, uncontrollable distress, correct negative appraisal, facilitate social connectedness, and provide pragmatic resources with the goal of improved task performance, better interpersonal interactions, controllable emotion and sustained self esteem.

2. Understand that, for most, the natural recovery process is an opportunity to integrate self strength and social network strength in rallying towards recovery.

3. Assess for protective and vulnerability factors that may affect how an individual reacts to and recovers from trauma.

4. For those with higher exposure levels, assist in processing traumatic recollections at the survivors preferred pace, which requires time, reiteration, good companions and possibly evidence-based treatment.

5. Strive to make interventions culturally sensitive, developmentally appropriate, and related the local formulation of problems and ways of coping.

6. Lack of distress and/or complete recovery may not be a desired outcome. Ethnic, political and economic factors may contribute to differing goals for functioning and identity, and providers should be sensitive to the particular motivations of each survivor.

7. Strive to empirically determine whether these practices are effective in ameliorating specific outcomes, or whether new interventions should be designed to accomplish such objectives.

(Mikolaj, 2005)
Appendix B

Formal Support Intervention

Using simple guiding principles and rules that are easy to grasp during concrete functioning.

Respecting the mental models of all concerned and using methods of cognitive interviewing when supervising and investigating a trauma response.

Understanding that how situations, actions, and events are framed significantly conveys expectation and assessment.

Combining and recommending information as new knowledge, and combining components in new ways to rehearse potential new situations and desensitize to those experienced.

Recognizing the multiple roles and cohesive team ethos of emergency responders.

Allowing goals to be accomplished in more than one strict, formulaic, mechanistic response and recognizing and encouraging creative and innovative methods while providing a framework of safety catch point to insure important policies and laws are met.

Encouraging the telling of stories that allow other the benefit of shared experiences.

Creating opportunities to enter the field.

Managers must stay connected with the reality of the “field” and it is imperative after a traumatic event that managers and administrators stay connected to what is happening to workers.

Identifying and giving credit to individuals who have acted under adverse circumstances.

Facilitating coherence with words that assist those they are managing (or leading or guiding or influencing) to visualizing possibilities that are coherent with the intentions of management.

Words of support, encouragement, recognition, and value are especially important in chaotic circumstances.

(Calhoun, 2008)
Appendix C

Potentially traumatizing community wide events

Naturally disasters (earthquake, hurricane, fire, flood)

Technological or human caused disaster (large scale pollution, structural collapse)

Health disasters (famine, epidemic)

Multiple injury/fatality accidents

Hostage situation

Violence in the workplace

Terrorism

Riot/Civil disturbances

Child-related traumatic events

Homicide or suicide

High publicity crime of violence, sex, or other unethical or illegal activity

Organizational traumatic events (layoffs, reorganizations, takeovers)

(Myers, 2005)
Appendix D

Questionnaire Results

Frederick County Division of Fire and Rescue Services

1. Do you feel there is a need for a Critical Incident Stress Management (CISM) team in the Frederick County Division of Fire and Rescue?
   
   Yes  92.8%
   No   7.2%

2. Have you experienced a time in your career when a CISM team could have been of assistance to you?
   
   Yes  50.4%
   No   49.6%

3. Do you believe that a CISM team could be of benefit to the Frederick County Division of Fire and Rescue?
   
   Yes  95.7%
   No   4.3%

4. Do you currently have certification in CISM?
   
   Yes  2.2%
   No   98.8%

5. Do you believe it would be important for the employee assistant program to have staff that understands the culture of the fire service?
   
   Yes  99.3%
   No   0.7%
6. Have you ever utilized a CISM team?
   Yes  42.3%
   No   57.7%

7. Are you an officer or firefighter?
   Officer  42.2%
   Firefighter  57.8%

8. Would you feel comfortable utilizing a CISM team?
   Yes  92.6%
   No   7.4%

9. What are the key elements that you identify as important in reducing individual stress?

10. Which of the following do you believe a CISM team could help mitigate? You may check more than one.

   Stress at work  58.8%
   Stress at home  40.4%
   Emotional feelings after a traumatic incident  94.9%
   Death of a family member  44.9%
   Death of a firefighter  93.4%

11. Have you heard of CISM before this questionnaire?

   Yes  95.7%
   No   4.3%
1. How many personnel are in your department?

- 0 – 60   31.3%
- 60 – 150  36.5%
- 150 – 240 9.1%
- 240 – 500 9.9%
- 500 or greater 13.1%

2. Does your department have its own Critical Incident Stress Management team?

- Yes   34.1%
- No    65.9%

3. If you do not have your own Critical Incident Stress Management team, do you have one close by that your department can utilize?

- Yes    91.2%
- No     8.8%

4. If you do not have your own Critical Incident Stress Management team, what team do you utilize?

5. What are the key elements of your Critical Incident Stress Management (CISM) program? Please mark all that apply.

- Employee Assistance Program Representative 57.6%
- A Clinician 30.7%
- A psychologist 48.9%
- A psychiatrist 17.7%
<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Firefighters trained in CISM</td>
<td>81.8%</td>
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<tr>
<td>Medical Doctor</td>
<td>18.2%</td>
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<tr>
<td>Lay persons</td>
<td>29.4%</td>
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<tr>
<td>Priest</td>
<td>42.9%</td>
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<tr>
<td>County Health Department Representative</td>
<td>14.7%</td>
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6. Please list any other elements that your CISM program may have that is not listed in question 5.

7. Has your Employee Assistance Program counselor taken training to understand the culture of the fire service?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>43.4%</td>
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<tr>
<td>No</td>
<td>16.8%</td>
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<tr>
<td>Do not know</td>
<td>39.8%</td>
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8. Do you think it is important for the Employee Assistance Program counselor to understand the culture of fire and EMS service?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>97.6%</td>
</tr>
<tr>
<td>No</td>
<td>2.4%</td>
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</table>

9. If you have a CISM team, does it get utilized often?

<table>
<thead>
<tr>
<th>Option</th>
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<tbody>
<tr>
<td>Yes</td>
<td>29.9%</td>
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<tr>
<td>No</td>
<td>70.1%</td>
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</tbody>
</table>

10. Do your personnel feel comfortable utilizing the CISM team?

    | Option         | Percentage |
    |----------------|------------|
    | Yes            | 61.6%      |
    | No             | 16.0%      |
    | Unknown        | 22.4%      |
11. Which of the following do you feel a CISM team can be utilized for? Mark all that apply.

Death of a friend 62.9%
Death of a child 80.8%
Death of a co worker 94.3%
Divorce 25.7%
Death of a family member 44.5%
For a firefighter stressed about how a call went 90.6%
For a stressed Operations Chief whom is stressed over work 40.8%
For a crew that tried to save a police officer trapped in his police car, who later died enroute to the hospital 92.7%

12. Do you believe that a CISM program/team would be beneficial to the personnel in your department?

Yes 94.4%
No 5.6%

13. Does your department have a budget line item for the CISM team to send staff for training?

Yes 21.4%
No 78.6%

14. Have you heard of CISM before this questionnaire?

Yes 96.4%
No 3.6%
### Appendix F

Fire Departments that Responded to Nationwide Questionnaire

<table>
<thead>
<tr>
<th>Department</th>
<th>State</th>
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<td>Tiverton Fire Department</td>
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<td>Location</td>
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<td>Washington</td>
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<td>City of Beloit Fire Department</td>
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