Utah Critical Incident Stress Management Team

A Brief History

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In 1983, after nine years of groundwork, Jeff Mitchell PhD introduced Critical Incident Stress Debriefing (CISD). Having experience as a paramedic for the Baltimore Fire Department he was in a unique position to research workplace stress in the fire service and develop a method to deal with this traumatic stress.

Its fair to say that prior to the introduction of CISD the options for emergency service workers to deal with traumatic incident stress was to ignore it or “suck it up”, self-medicate or ultimately leave the professions.

L.S. Ostrow in 1996 discussed the four elements that contributed to the acceptance of CISD by emergency service workers. First, in the late 1970’s, the plight of the Vietnam veterans brought about a new awareness of the dangers of stress. This was later to be diagnosed as post traumatic stress disorder (PTSD). Second, by the early 1980’s, emergency medical services (EMS) had come into its own as a profession. This allowed these workers to shift their focus from getting the job done to “quality of life” issues like burnout, stress, grief and anxiety. Third, during this evolutionary period, emergency services saw several ghastly tragedies to which the nation responded with shock and sorrow. Among these were the Hyatt Regency Skywalk collapse in 1981, the MGM Grand fire in 1982, and two jet airliner crashes in 1982. Finally, a shift in the way Americans were thinking about their health.

Another study by D.W. Corneal in 1993 confirmed the dose-response effect of exposure to a traumatic event and the prediction of PTSD. Corneal found that the rate of PTSD of Toronto firefighters was 16.2%. This is like the prevalence rate in Vietnam veterans and much higher than the general population at 1.97%.

Identification of stress as a significant factor affecting the health of emergency service workers has reduced “macho” resistance to stress management interventions. For over forty years, Critical Incident Stress Debriefing (CISD), has been employed effectively as a process of reducing psychological distress, a

significant problem experienced by emergency service workers following critical incidents.

In January of 1987, a mid-air collision over Kearns, Utah of a Sky West commuter jet and a private plane killed 10 people. Law Enforcement, Fire Departments and EMS agencies from all over Salt Lake Valley responded. Crash debris and body parts were scattered over several miles on the ground, the incident area was controlled by law enforcement who bore the brunt of the responsibility. Fire and EMS were there to search for bodies and body parts. This was a prolonged event of several days with continual media coverage in single digit air temperature.

At the same time this traumatic event was occurring all emergency service agencies in Utah were experiencing the same kind of traumatic incident stress for many years, without any mental health intervention. Some agencies were fortunate enough to have Employee Assistance Programs (EAP), most didn't at this time. Emergency service professional publications had been writing about workplace stress, CISD and dealing with stress since 1975. As a result, agencies were establishing "in house" support groups, in hopes of mitigating the hurt of critical incident stress without much training.

In June of 1987, the Utah Bureau of EMS had been hearing from paramedics and EMT's about burnout, grief, stress and anxiety. They were also hearing from agency directors who were concerned about increasing turnover in paramedics after five years of service, resulting in additional training costs for potential paramedics. Jan Buttrey, Director of Bureau of EMS and Evelynn Draper, Director of Paramedic Training at Weber State College joined forces and decided to create a Utah CISD Team. They recruited Dick Southwick PhD, Director of Student Counseling Center at Weber State College, to become Clinical Director of the newly created Utah CISD Team.

A plan was hatched and members of emergency service agencies throughout the state of Utah were recruited to attend the first two-day basic training session from Jeff Mitchell. On November 17-19, 1987, sixty candidates attended training and forty-five went on to organize the Utah Critical Incident Stress Debriefing Team (UTCISDT). A side note is that the first debriefing of the newly formed UCISDT was on November 19, 1987, evening. It was a Murray City Police Department shooting.

A response team was formed and sent to Murray City. The debriefing was well attended with approximately 60 people in attendance, many of whom were not appropriate to be there as we have learned. This was changed as a result of our first debriefing.

As our name implies, we are state-wide and from our origin UCISDT has been a volunteer organization. Our membership is approximately 100 at any time, consisting of 25% Mental Health Professional and 75% Emergency Service Peers. We deliver approximately 100 interventions/training sessions annually, and we never charge a fee for service. Ever!

To deliver the best possible service we divide the state into seven regions which correspond to the state emergency response districts. The Team has formal by-laws, operating descriptions, and job descriptions. Leadership is provided by the Executive Committee which consists of a combination of elected and appointed positions. Elected positions represent all emergency service professions, and representatives serve two-year terms. Appointed serve at the pleasure of the Executive Committee.

From 1987 to 1993 the Team was funded through the UTAH Department of Health, Bureau of EMS demonstration grant. In 1993 we were asked by the Bureau of EMS to write legislation and find a sponsor to provide funding through the Utah General Fund. With the assistance of the Bureau of EMS we convinced Rep. Blake Chard of Layton to sponsor HB 409. In the committee meeting, several fire chiefs from volunteer agencies spoke in support of the UCISDT stating that they wished they had the Team available for them 20 years earlier to help them deal with stress. HB409 was passed on the last day of the session in 1993. The original funding was set at $23,000. However, over the years this amount has been significantly cut. Fortunately, the Bureau of EMS has always met our operating requirements to deliver interventions for emergency service workers in Utah.

The Team has two part-paid positions, the Clinical Director, and the Secretary. The bulk of our expenses are operating expenses which consist of per diem and mileage, pamphlets, supplies, and annual training for Team members. From our beginnings the legislature has had a mandate that the UCISDT interventions must be free of charge to all emergency service workers in Utah. In addition, we cannot

compete with private mental health agencies. It is roughly at this time when CISD advanced to CISM.

Critical Incident Stress Management (CISM), from its inception and still is, according to Jeff Mitchell PhD, a systemic and comprehensive approach to mitigate stress. CISM is a subset of an even broader field “Crisis Intervention”, which has been in existence for decades. Pre-incident stress education programs, on-scene support, peer and significant other support programs, defusings, debriefings, follow-up services and referral procedures are only some of the many components of CISM. Well known CISD is only one aspect of CISM. Utah CISM Team (UCISMT) has made this transition from CISD to CISM many years ago.

Mitchell defines CISD as a group intervention technique applied after a traumatic event. It is designed to achieve two goals: mitigate the impact of the traumatic event and accelerate normal recovery. Mitchell adds CISD is soundly based in crisis intervention and educational principles…the process was not designed as a form of psychotherapy, nor is it considered as a substitute for psychotherapy.

A CISD is structured in that it follows a specific format in 1987 and now in 2023. The Mitchell model poses seven unique phases and are as follows:

1. Introductory phase (rules and process explained)
2. Fact phase (what they saw, heard, smelled, touched and did)
3. Thought phase (first thoughts)
4. Reaction phase (emotional reactions)
5. Symptom phase (physical or psychological symptoms)
6. Teaching phase (stress response syndrome)
7. RE-entry phase (summary statements, referral)

The CISD is provided by a specially trained team which includes at least one mental health professional and several peer support members. “Peers” are emergency service workers who have received training in CISD and other interventions. They lend support and add credibility to the process. A debriefing will last approximately two hours and is typically conducted 24 to 72 hours after the incident. Naturally, other CISM interventions may have different time frames as requirements dictate.

A final thought is for those in emergency services to believe in a few simple principles of life. People in general are tough; friends and family are important; conversation helps; and time heals all wounds. CISD may not be for everyone but anecdotally CISM makes a lot of people feel better after some of life's most horrible events.