Setting up a collaborative crisis intervention response system, CISM, for small rural health agencies

Peter Quin, Orbost Regional Health

In 2005 the East Gippsland Primary Care Partnership and six (6) of its health and community care member agencies signed a Memorandum of Understanding and a Policies and Procedures Protocol committing to a co-ordinated response to critical incidents impacting on their staff and communities.

The East Gippsland Critical Incident Stress Management (CISM) Peer Support model is based on the model developed by Dr Jeffrey T Mitchell (Mitchell and Everly. 2001) and is used throughout the world in agencies and at major disaster.

The 2003 bushfires in East Gippsland and the subsequent review of the personal support response of the East Gippsland Shire DISPLAN led to an agreement of health and community care agencies to develop a model that would build capacity of agencies to respond to critical incidents in a comprehensive and co-ordinated manner.

Specifically it has sought to provide a collaborative response to critical incidents by CISM partners where an agency due to the nature of the incident and personnel affected is not able to activate its CISM team and needs to draw on external agencies to manage the CISM response.

Since November 2005 the EGPCP CISM agency teams have responded to an estimated 80 internal incidents and 7 external incidents. There have been 25 people trained in basic CISM who form the Peer Support Teams across the 6 member agencies. In addition 4 people have been trained to an advanced CISM level an act as key CISM Peer Support Co-ordinators in their agencies with 2 of these also having a role in 2 of the other agencies.

A regional CISM co-ordinator has also been established who acts as the co-ordinator for external CISM requests from agencies and has a dual role as the DISPLAN Personal Support co-ordinator in the event of a major disaster.

Two additional agencies are expected to join the EG CISM Network in 2007 including one of the East Gippsland based Aboriginal Community Controlled Health Organisations.

A key objective for 2007 is the recruitment of additional agencies and an integration of the CISM model with the Personal Support Response component of the EG Shire DISPLAN.

This paper describes the structure of the EG CISM model and the process for activating the CISM teams.

What is critical incident stress management?

Critical incident stress management is a comprehensive, integrated multi-component crisis intervention system (Mitchell & Everly 2001) to manage the stress arising from a critical incident.

What is a critical incident?

Events or situations ‘that have sufficient emotional power to overcome the usual coping abilities of people working in environments where some degree of exposure is expected.’ (Mitchell and Bray 1990). Critical incidents may be a single event or several over a protracted period of time (cumulative stress).

Critical incidents are characterised by demands for which staff may not have been prepared, go beyond their role specifications, or are outside their normal routine. Those affected, may all be directly involved in the events, or what has happened to one of their number, or the agency as a whole may affect them.
Critical incidents are usually discrete events. However, a range of other problems may also create high stress levels. Chronic stress situations, the accumulation of a series of less intense incidents and the presence of organisational stress are all likely to cause similar symptoms in the staff involved. Crisis intervention assists staff who are experiencing ongoing distress after witnessing an incident.

**Rationale for EG CISM model**

Critical incident stress can occur to anyone, anytime, without discrimination. It is a normal reaction to an abnormal event, when coping skills which usually work are stretched to their limit. It may be one major incident or an accumulation of several events over a short or long period of time.

In the spirit of collaboration and co-operation, the Steering Committee of the East Gippsland PCP co-ordinated a response to critical incidents in the event that currently trained personnel through connection with an incident are not available to assist with crisis intervention in any one agency or community.

In most occasions of a critical incident in an organisation, the crisis response will be managed internally, with the peer support strategy ensuring that the crisis is handled effectively, to current best practice. In the case of major incidents, East Gippsland has ensured through the Shire DISPLAN, the timely mobilisation of trained and qualified personnel to provide individual and group sessions, ongoing support, and referral.

**Vulnerability of small communities to managing critical incidents**

There are already people in East Gippsland communities with training and experience of CISM and there are Mental Health Professionals/trained counsellors for crisis intervention and to assist staff who are experiencing ongoing distress after witnessing an incident.

However in small communities and isolated communities, when a critical incident—of whatever magnitude occurs, it often involves many members of the community in one way or another, most people will have some connection with the crisis through the “Ripple Effect”. People in the community are either related to, know someone well, live, work or go to school with people who have experienced a critical incident.

These communities are particularly vulnerable when managing critical incidents through geographical location, the numbers of trained people available and general resources. (There may be one person qualified in CISM in the community but who is also impacted by the incident).

The EG model of critical incident stress management aims to provide an integrated co-ordinated approach that is activated through designated “Contact” personnel (Peer Support Team Co-ordinators) to minimise confusion, maximise effective best practice interventions and enable skilled people to be called upon to assist with the management of a critical incident.

**East Gippsland CISM structure**

The EG CISM model has two basic structures an inter agency and a inter agency. The *intra agency* level provides the basic infrastructure and resources needed for an agency to effectively respond to a critical incident affecting its staff. The *inter agency* structure provide a co-ordinated approach to responding to a request for external CISM support from a member agency.

The *intra agency* structure consists of a:

- peer support team
- peer support team co-ordinator.
The inter agency structure consists of a:

- EG CISM key contact
- EG CISM co-ordinators network.

**Range of responses provided by EG CISM model**

The EG CISM model is able to provide a range of responses to critical incidents. These interventions range from small group to large group interventions across both agency and multi-agency levels.

- **Small Group Interventions:**
  - Defusing: Peer Support Team Co-ordinators trained in advanced CISM are expected to provide this intensive response within 8 hours of a critical incident. The purpose is to mitigate the impact of the event, accelerate the recovery process, assess the need for de-briefings and other services, reduce cognitive, emotional and physiological symptom (Mitchell and Everly 2001).
  - Debriefing: Either a 1:1 or a group intervention up to three hours duration, within two to three days, to explore the impact of the event and facilitate return to work. Participation is voluntary, the session is confidential, it is not a therapy or counselling session. Debriefings are facilitated by Key Peer Support Team Co-ordinator and where appropriate assisted by a Peer Support Team member.

- **Peer Support Program:** Each agency has developed a formalised system in which peers are specially selected, trained, and operates according to protocols agreed to by the EG CISM agencies.

  The “Peer Support Program” provides a comprehensive multi-component crisis intervention system to function specifically within the work environment in the event of critical incident stress being witnessed, experienced, or perceived to have been experienced within the work environment, backed up by mental health personnel.

- **Peer Support Team Member:** is a member of the workplace who has been selected and trained to provide first line assistance and basic crisis intervention to fellow workers in the event of a critical incident.

- **Peer Support Networking:** A confidential discussion between peer support team members for the purposes of information, education, training updates, accountability and case discussion to ensure that a high standard of peer support is maintained.

  Participation of all sessions is voluntary.

- **Crisis Management Briefing (CMB):** This is used for addressing large groups of those involved in a critical incident, community, schools, organisations etc. It is facilitated by Key Peer Support Team Co-ordinators.

  Goals are to provide information, control rumour, reduce a sense of chaos, provide coping resources, facilitate follow up care, engender increased cohesion and morale, assess further needs of the group, restore personnel to adaptive functions. (Mitchell and Everly 2001)

**Benefits to agencies**

Research indicates that agencies that develop CISM have less sick leave, lower staff turnover, less work care claims and higher staff morale. (Robinson 2001)

There are many examples from different countries, and in Australia, the Commonwealth bank reported a 60% reduction in sick days following the introduction of a CISM program. (Robinson 2003)
There is a cost associated with developing the program and training personnel, but as some people may have already experienced, to contract out CISM also has a high cost associated with it. A paper written by David Lindsay from Bairnsdale Regional Health Service an EG CISM Network member bears out the premise that early intervention in the form of CISM responses can reduce the cost to employers and stress in employees resulting from Work Cover claims.

In Australia, occupational stress (OS) is the second most common occupational health problem, after back pain.

Data from the Victorian WorkCover Authority (VWA) for Hospitals (excluding Psychiatric Hospitals), in the non private sector indicates that from 1998–2003 there has been a 49% rise in OS WorkCover claims. In the 2002/03 claim year the total claim costs for OS $M 4.28 for Hospitals (excluding Psychiatric Hospitals), in the non private sector.

Early intervention in the prevention of potential OS WorkCover claims is extremely important and employers will save money on their WorkCover Premiums. Due to the investigation process, every OS WorkCover claim automatically becomes a Standard claim thus affecting the employers WorkCover Premium.

The use of critical incident debriefing, Peer Support Groups and Employee Assistance Programs (EAP) can assist greatly in the early intervention process and all have the capacity of averting WorkCover claims.

Intervention today can save incidents later. (David Lindsay: Bairnsdale Regional Health Service)

Training and monitoring

The EG CISM Network has an ongoing training and education strategy that is funded through the EGPCP and participating agencies.

The CISM Peer Support Teams meet six monthly for skill updating and information sharing. The CISM Peer Support Team Co-ordinators meet three monthly and form a multi-agency network that tracks the number of critical incidents responses and analysis of the effectiveness of these responses. A key purpose of CISM response information is to provide the network and its individual agencies with the capacity to:

- audit, evaluate and improve the program
- supervise team members
- determine future training needs
- assess timeliness and effectiveness of referrals
- assess adequacy of team protocols
- prevent stress and overload of team members
- assist research and monitor trends.
- monitor budget
- prepare reports for management.

The CISM Network reports quarterly to the East Gippsland PCP Steering Committee.
### Key competencies of CISM personnel

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<th>Role</th>
<th>Qualifications</th>
<th>Skills</th>
<th>Desirable experience and aptitudes</th>
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| **PEER SUPPORT TEAM CO-ORDINATOR** | • Trained counsellor.  
• Eligible for membership of a licensed Mental Health Professional body (APS, AASW or VAFT),  
• CISM specific trained to advanced level  
• Capacity and commitment to undertake training and updating of skills.  
• Employed within PCP agency or co-opted by agency | • Demonstrated supervision and monitoring of peer support workers  
• Demonstrated knowledge of CISM practices, processes  
• Demonstrated capacity to carry out debriefing and defusing.  
• Demonstrated knowledge of East Gippsland Shire DISPLAN | • Demonstrated experience in CISM programs and processes  
• Demonstrated experience or capacity to work in an isolated environment and in a flexible manner |
| **PEER SUPPORT MEMBERS**      | • No formal qualifications are required  
• CISM specific trained—“Peer Support” and preferably “Basic” CISM course.  
• Employed within PCP agency | • Demonstrated listening and empathetic skills  
• Demonstrated knowledge of processes relating to peer support  
• Demonstrated experience and skills in initial needs identification and referral processes | • Demonstrated experience in responding in a flexible manner to colleagues experiencing stress  
• Demonstrated ability to work in groups |
| **EGPCP CISM REGIONAL CO-ORDINATOR** | • No formal qualifications are required  
• Employed within PCP agency  
• Demonstrated organisational and co-ordination skills  
• Demonstrated understanding of CISM policy  
• Demonstrated understanding of East Gippsland Shire DisPlan  
• Listening and empathetic skills  
• Eligible for membership of a licensed Mental Health Professional body (APS, AASW or VAFT),  
• CISM specific trained to advanced level  
• Capacity and commitment to undertake training and updating of skills. |
**Agency support and commitment**

Each signatory agency has agreed to have:

- CISM identified within the agency’s operational strategies.
- CISM training identified in the Peer Support Team Member job description and work plan.
- Capacity to resource training requirements including updates for Peer Support Team members and Peer Support Team Co-ordinator.
- Commitment to releasing Peer Support Team and Peer Support Team Members for training and CISM immediate response needs.
- Capacity to cover accommodation and other costs associated with release of staff in CISM event.

**Conclusion**

The EG CISM model has provided a collaborative and co-ordinated response to critical incidents occurring in member agencies workplaces and communities. The partnership approach ensures sustainability to the model and is critical to its present success.

**References**


**Acknowledgments**

This paper was developed by the members of the East Gippsland Primary Care Partnership CISM committee, of which Peter Quin was convener.

**Presenter**

Peter Quin is a social worker and manager of community services at Orbost Regional Health, a small rural health service in far-east Gippsland, Victoria. Peter has witnessed the impact of natural disasters on communities in the region and in particular the effect of critical incident stress on the health and recovery capacity of communities.