Critical Incident Stress Management for Death Investigators

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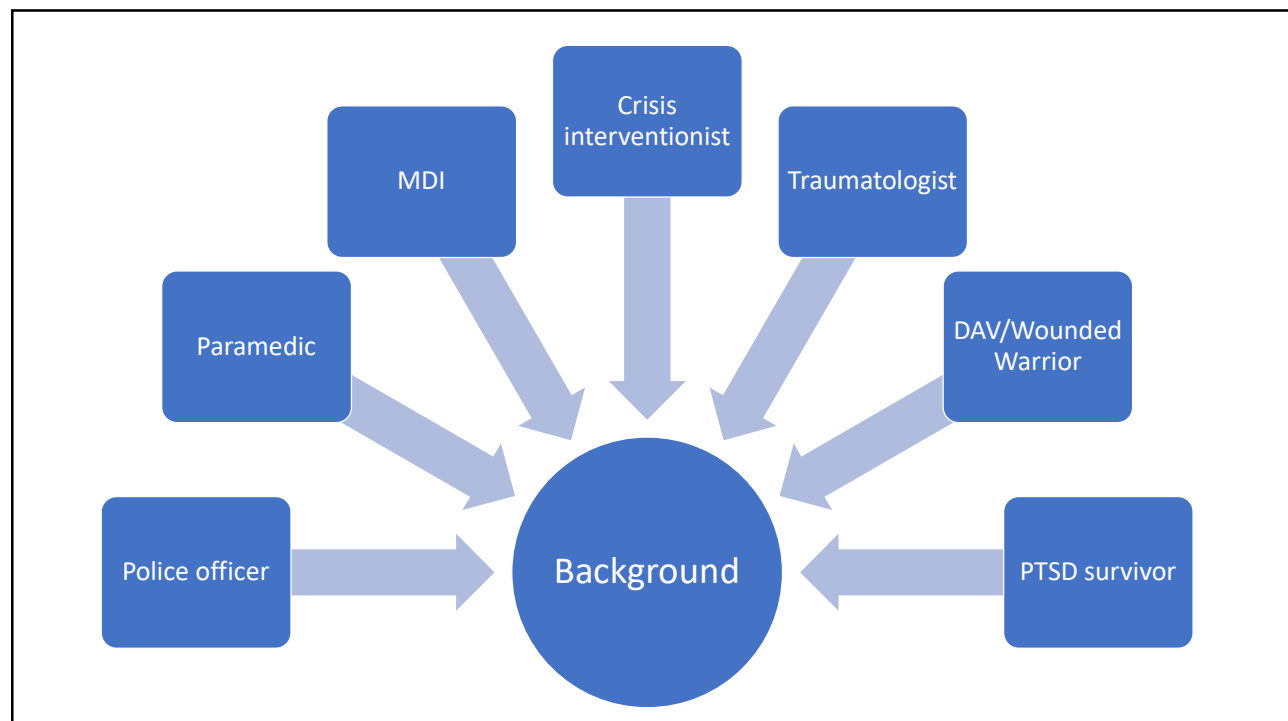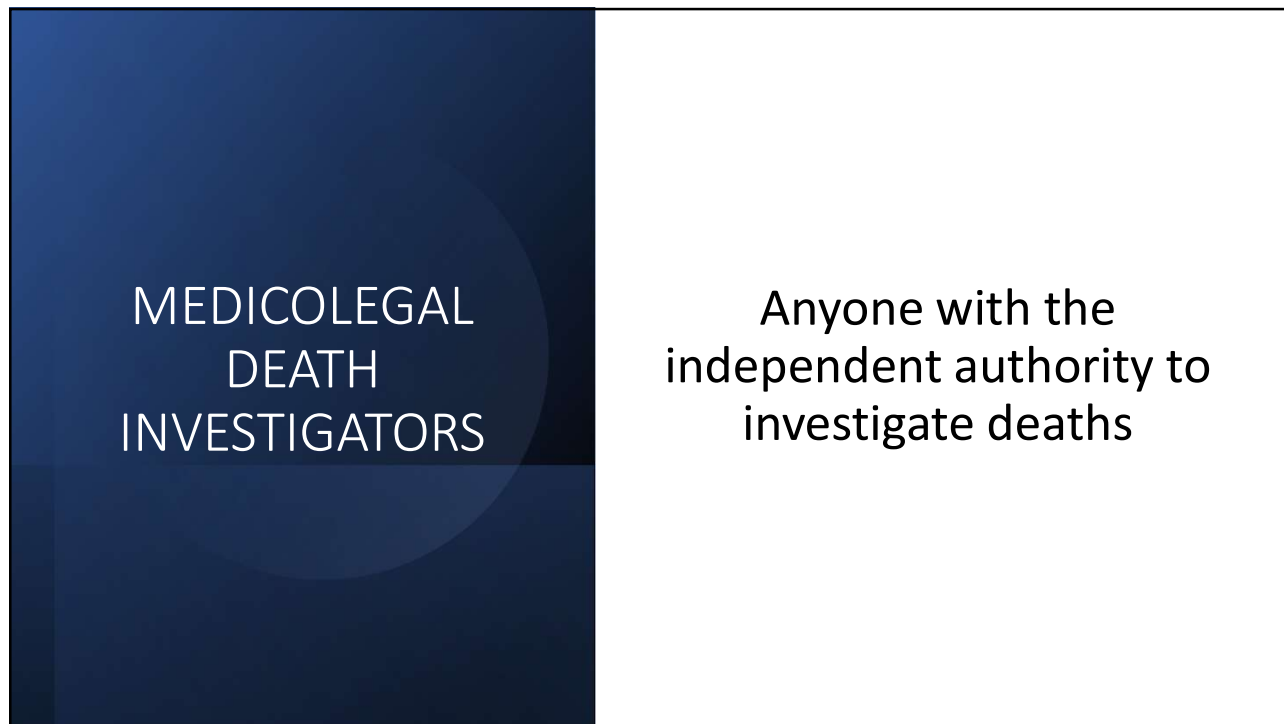
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MORE IMPORTANTLY…

To Know…

that **we** as a profession matter

know that **you** as an MDI matter

there are numerous resources **to support you**

that **you are never alone** in your challenges

And

that reactions to traumatic stress are **normal** the events are **abnormal**
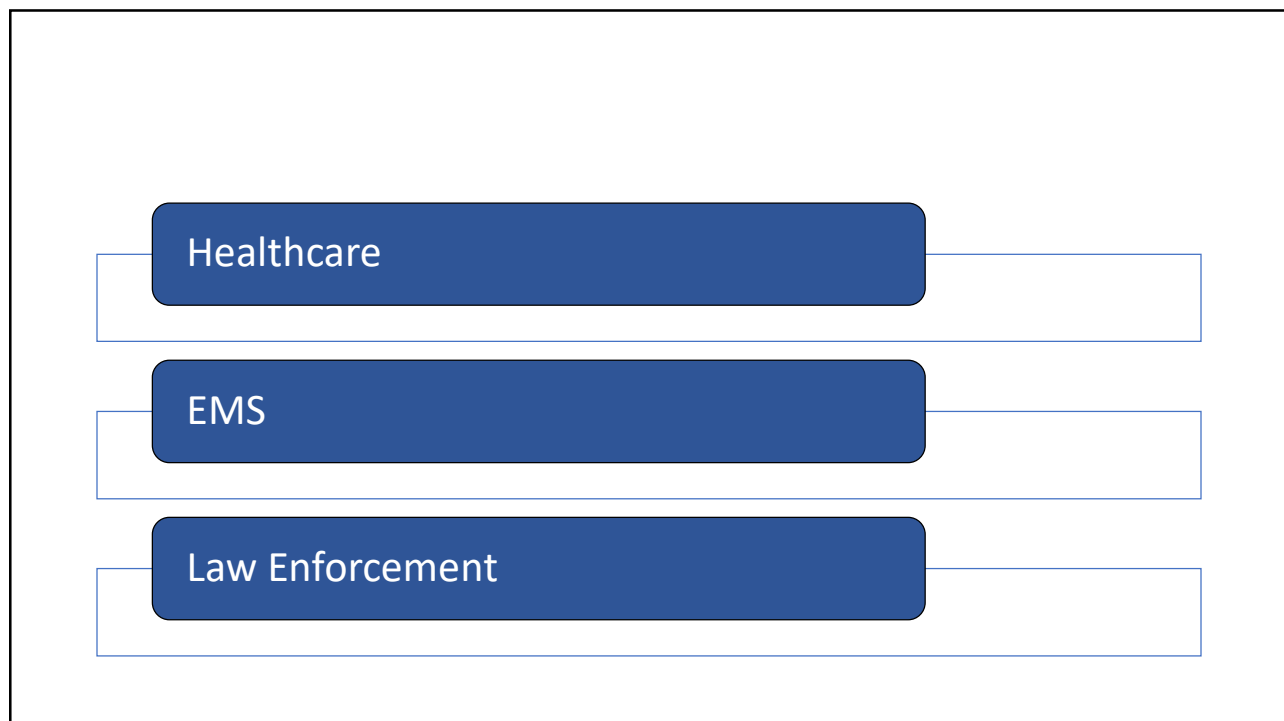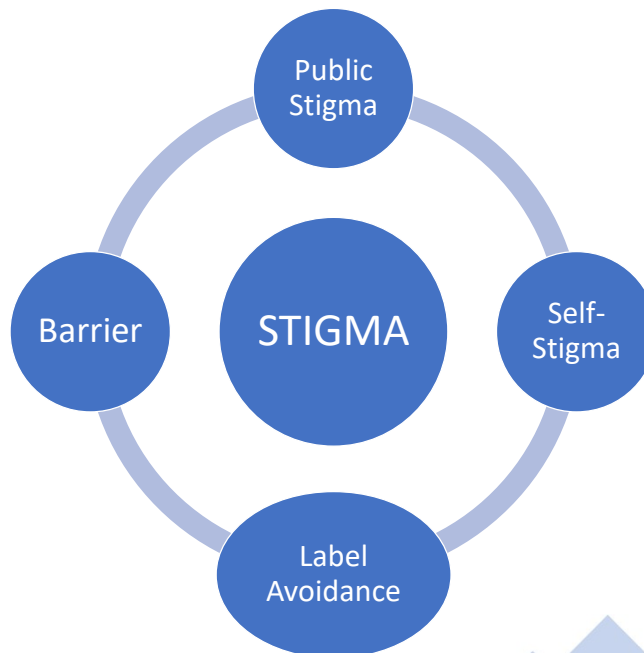
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MEDICOLEGAL DEATH INVESTIGATORS

Anyone with the independent authority to investigate deaths

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Healthcare

EMS

Law Enforcement

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First Responders?
Emergency Services Personnel?
Emergency Services Responders?
Emergency Services Workers?
Public Safety Personnel?

Police Officers
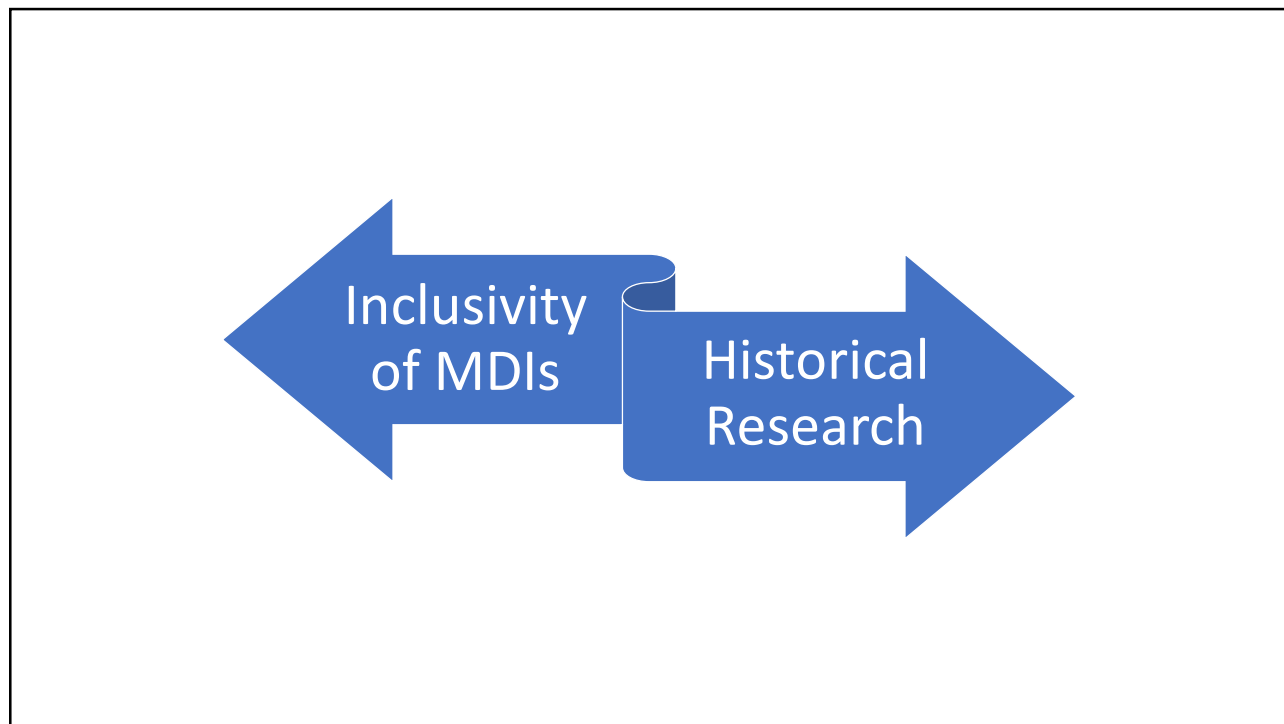
Dispatchers

Inclusivity

MDIs

Firefighters

EMS Clinicians

Brondolo et al., 2017

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Public Stigma

Barrier

STIGMA

Self-Stigma

Label Avoidance
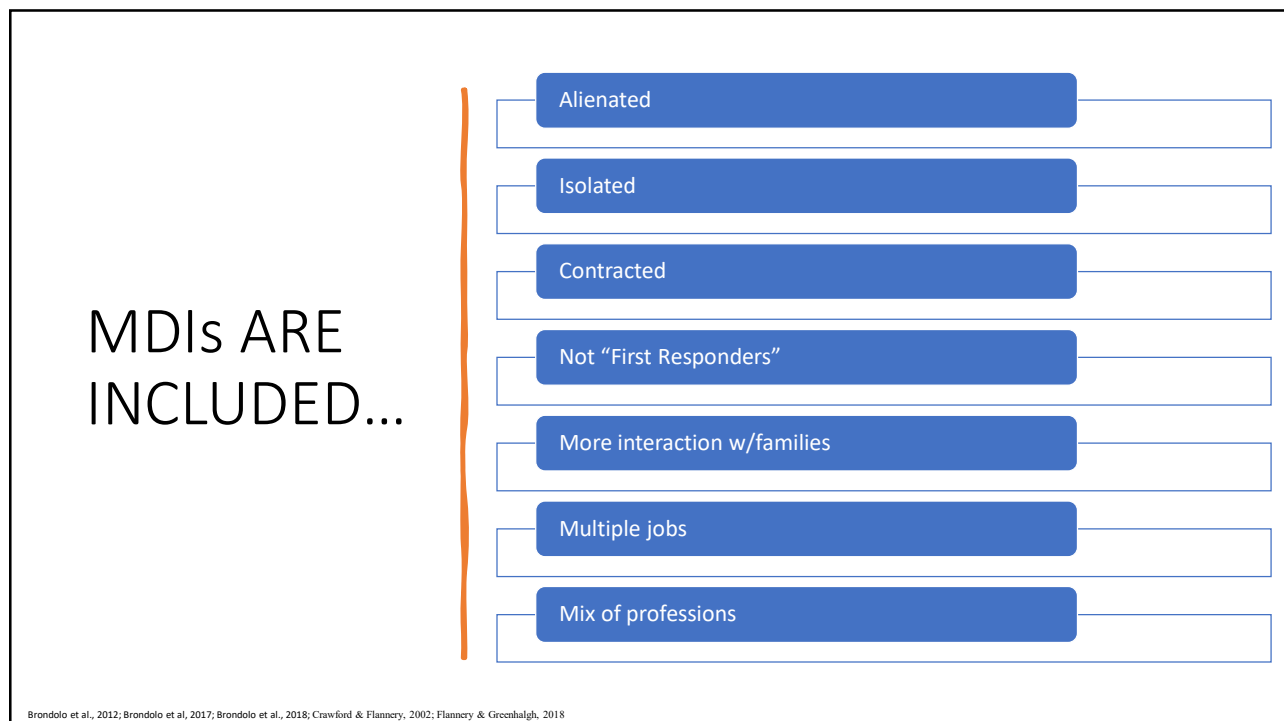
Andrews et al., 2022; Corrigan, 2004

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Inclusivity of MDIs ← → Historical Research

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MDIs ARE INCLUDED...

- Alienated
- Isolated
- Contracted
- Not "First Responders"
- More interaction w/families
- Multiple jobs
- Mix of professions

Brondolo et al., 2012; Brondolo et al, 2017; Brondolo et al., 2018; Crawford & Flannery, 2002; Flannery & Greenhalgh, 2018

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Increased response to traumatic events

Increased traumatogenic reactions

Stigma

Lack of intervention

Behavioral health conditions

Brondolo et al., 2012; Brondolo et al., 2016; Coleman et al., 2016

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PTS

A turning point

PTG

Disrupted homeostasis

CRISIS

Acute response to trauma

Distress, Dysfunction, Impairment

Usual coping mechanisms have failed

Mitchell, 2015; Kanel, 2007

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CRISIS INTERVENTION

- Active, supportive, temporary
- Assess, stabilize, mitigate
- PIE principles
- PTG
- Connect

Kanel, 2007; Mitchell, 2015

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CRITICAL/TRAUMATIC INCIDENT

- *Mass casualty/disaster event
- *Suicide of a colleague
- *Serious injury of a colleague
- *Line of Duty Death
- *Significant events involving children
- Fatalities
- Multiple events in a short time frame
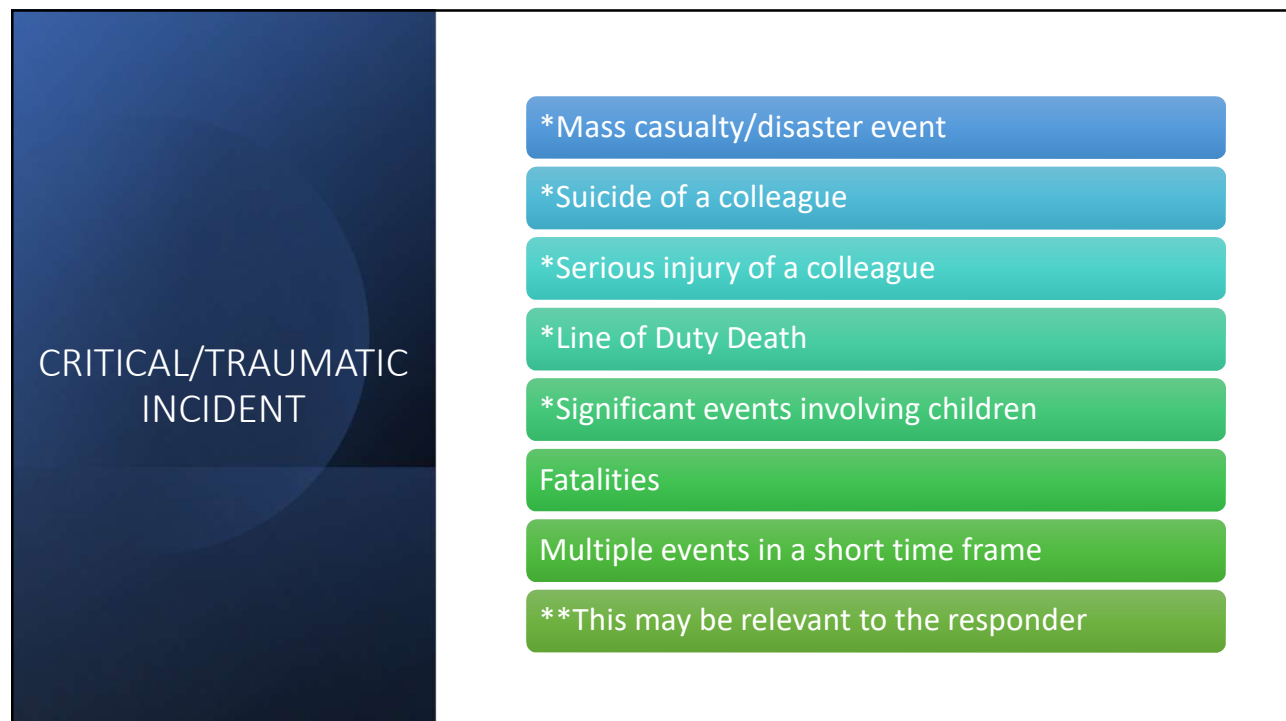- **This may be relevant to the responder

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CISM

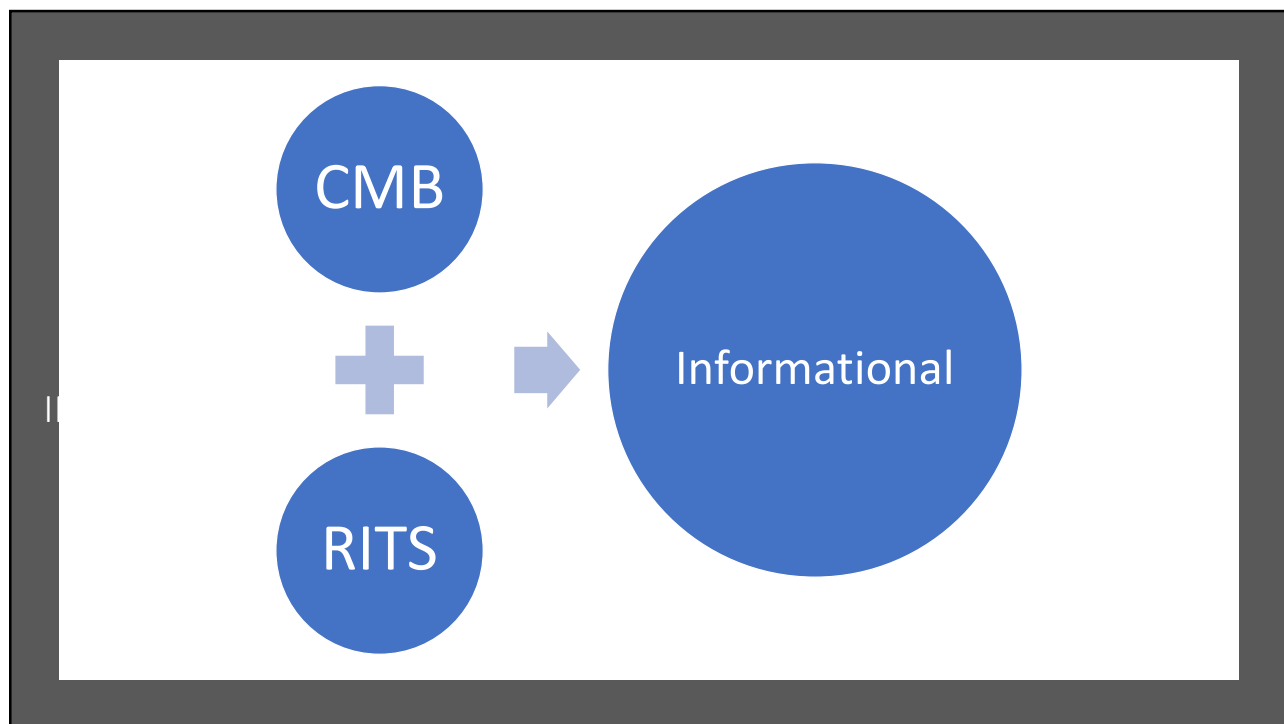| |
|---|
| Created in the 1970s |
| First known as CISD |
| Comprehensive, Integrative, Systematic, Multi-Component |
| Assess, Stabilize, Mitigate, Recover or Refer |
| Facilitates the processing of traumatic events |
| ICISF |
| Mitchell, 2008 |

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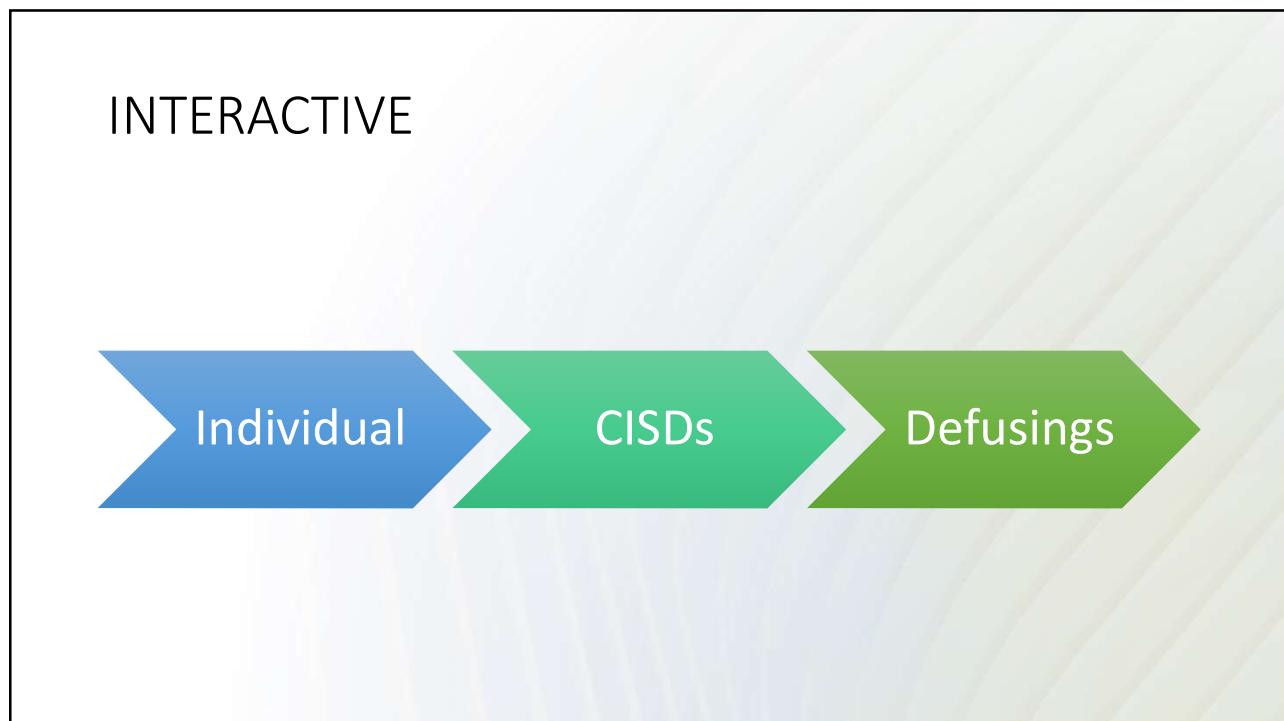
CISM INTERVENTIONS

- Based on six core principles
  - Strategic planning
  - Informational groups
  - Interactive groups
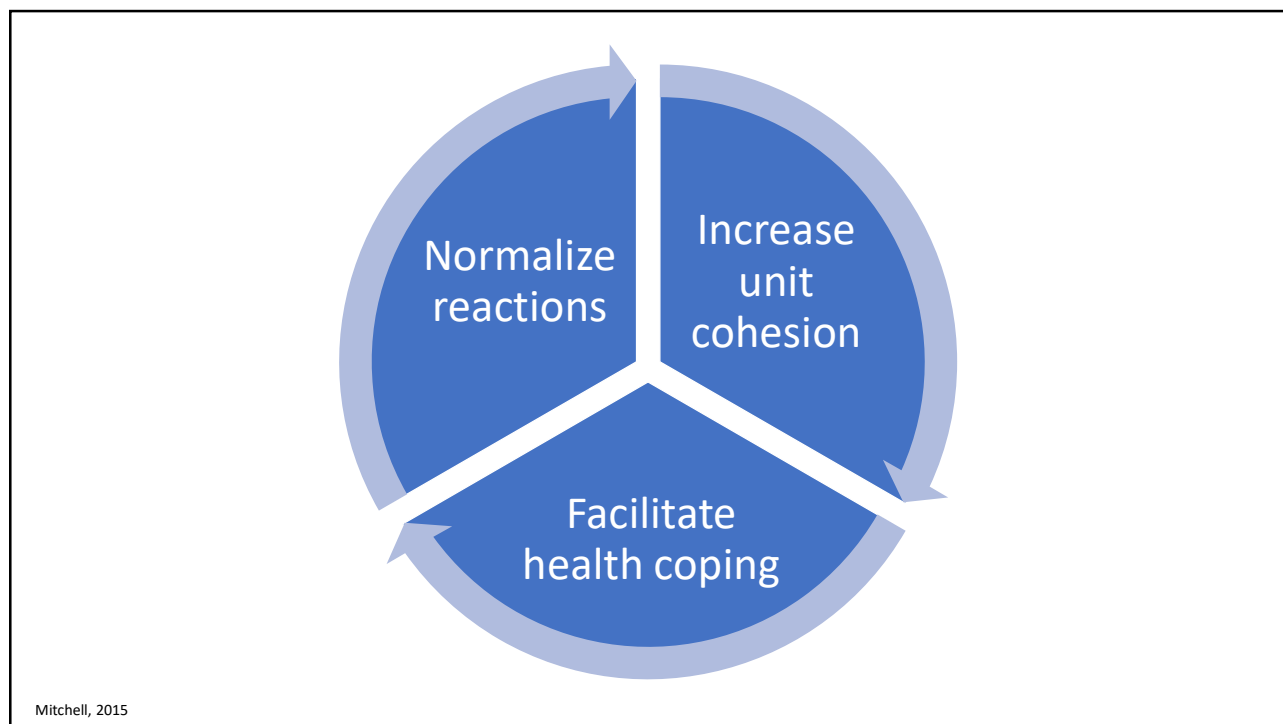 - Assessment/Triage
  - Individual/PFA
  - Resilience

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Normalize reactions

Increase unit cohesion

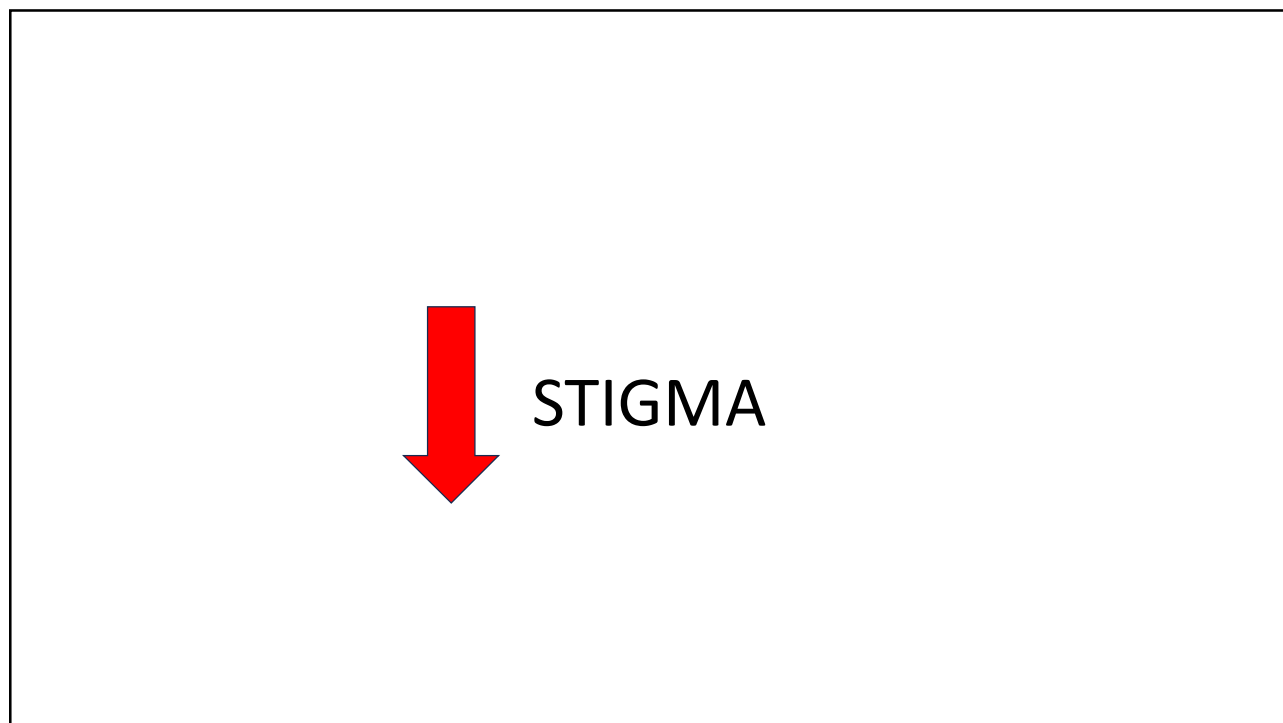Facilitate health coping

Mitchell, 2015
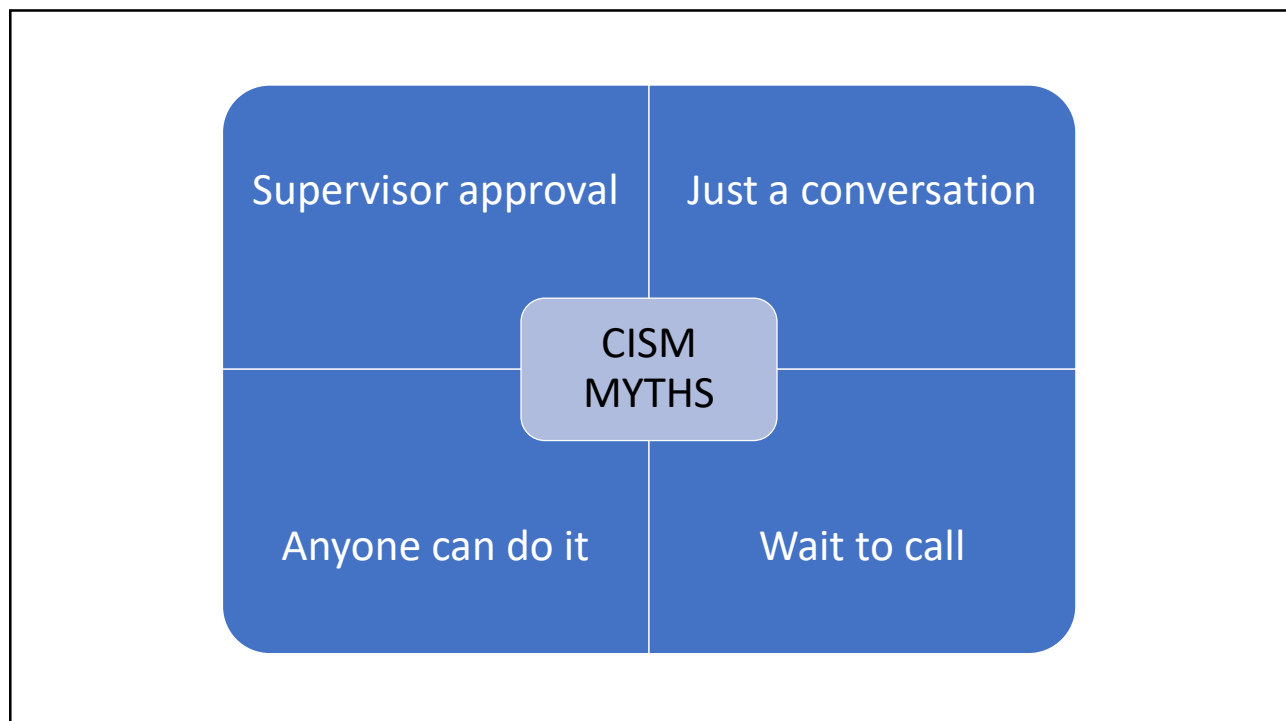
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STIGMA

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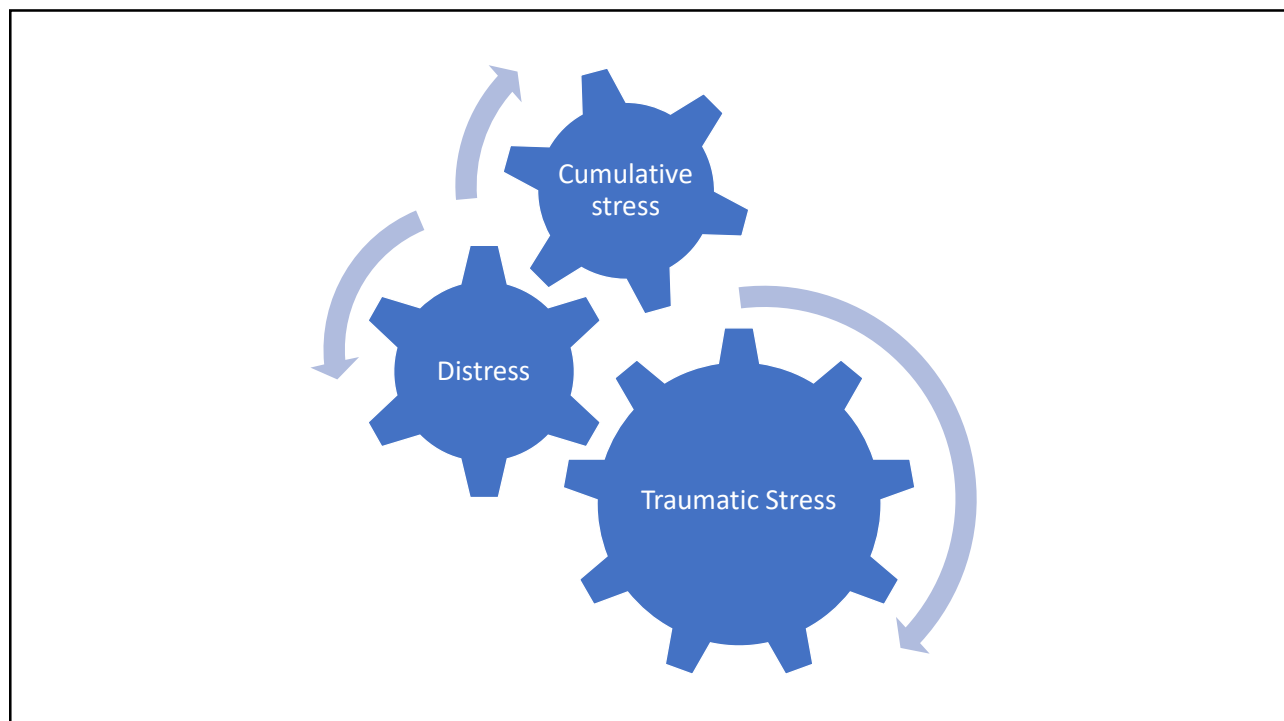
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TRAUMATIC STRESS

Not always going to cause PTSD...

Early intervention is key

Distress, Impairment, Dysfunction

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Tachycardia

Headaches

Dry mouth

Indigestion

Chest pain

Nausea/vomiting

Blood in urine

Hyperventilating

Chronic pain

Fatigue

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BEHAVIORAL DISTRESS

- Impulsive behavior
- Risk-taking
- Excessive substance use
- Change in eating
- Sleep disturbances
- Hypervigilance

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EMOTIONAL DISTRESS

Anxiety   Anger   Panic   Sadness   Depression   Fear/phobia

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COGNITIVE DISTRESS

- Disorientation
- Memory problems
- Dissociation
- Inability to concentrate
- Psychosis
- SI/HI
- Indecisive

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SPIRITUAL DISTRESS

ANGER AT YOUR GOD

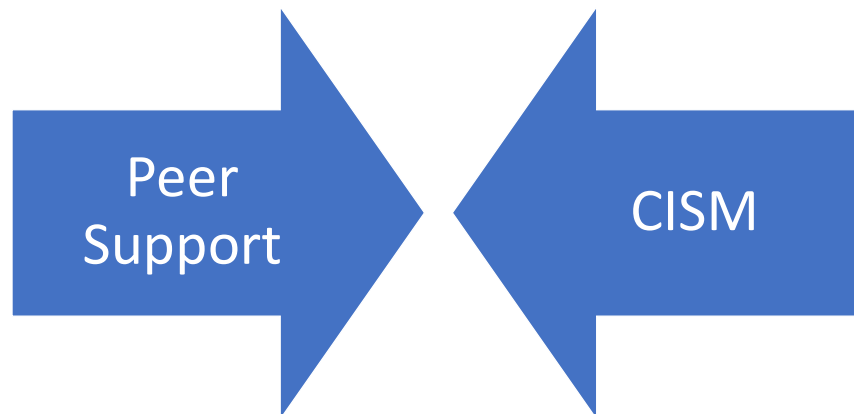LOSS/GAIN OF BELIEFS

LOSS OF PURPOSE
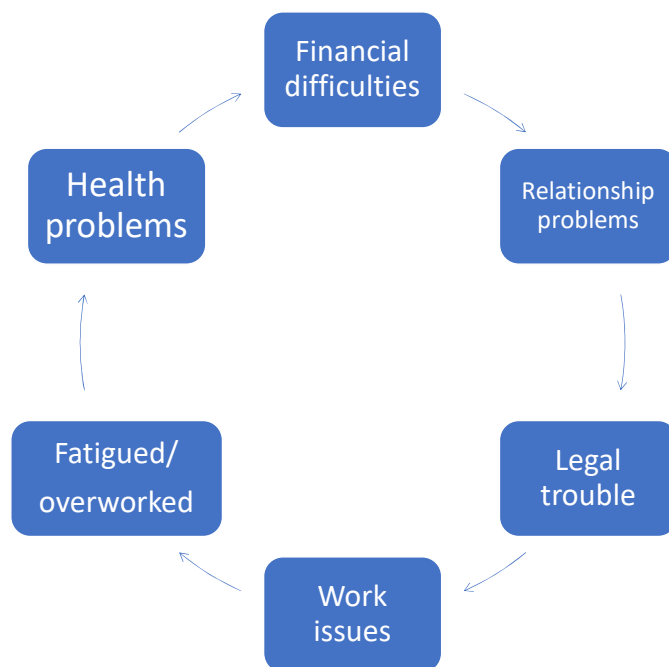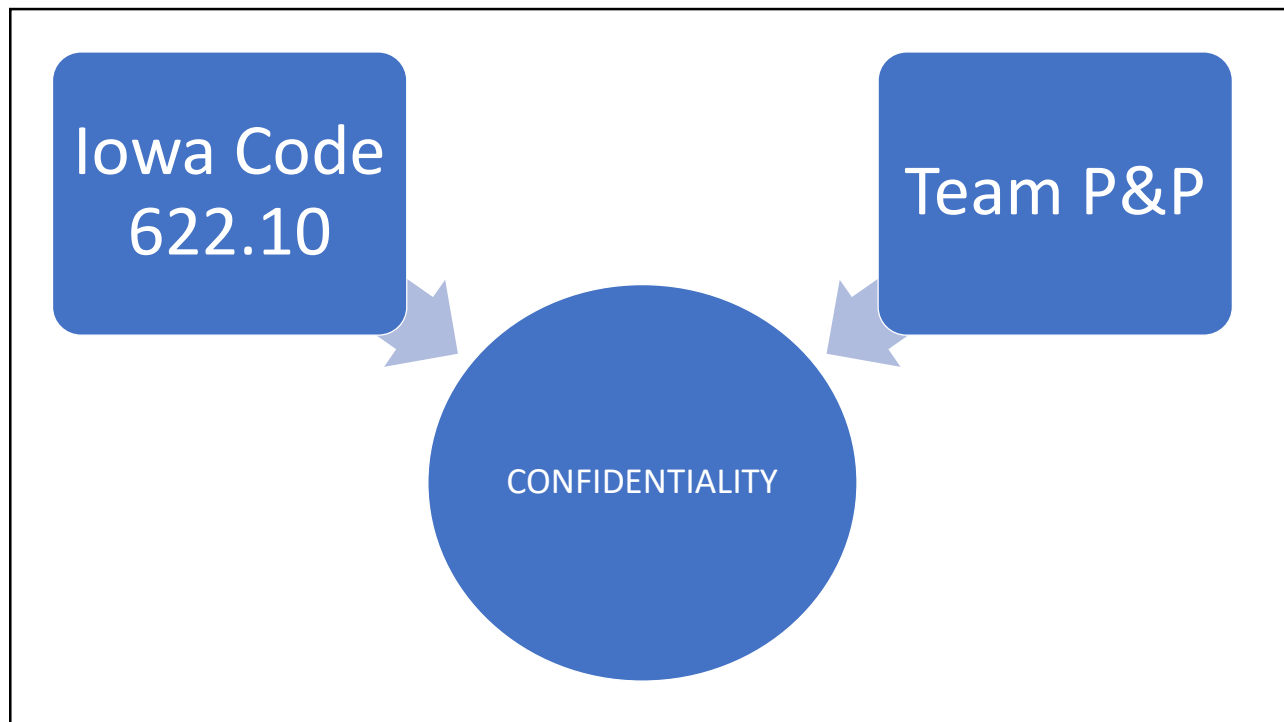
FEELING ABANDONED
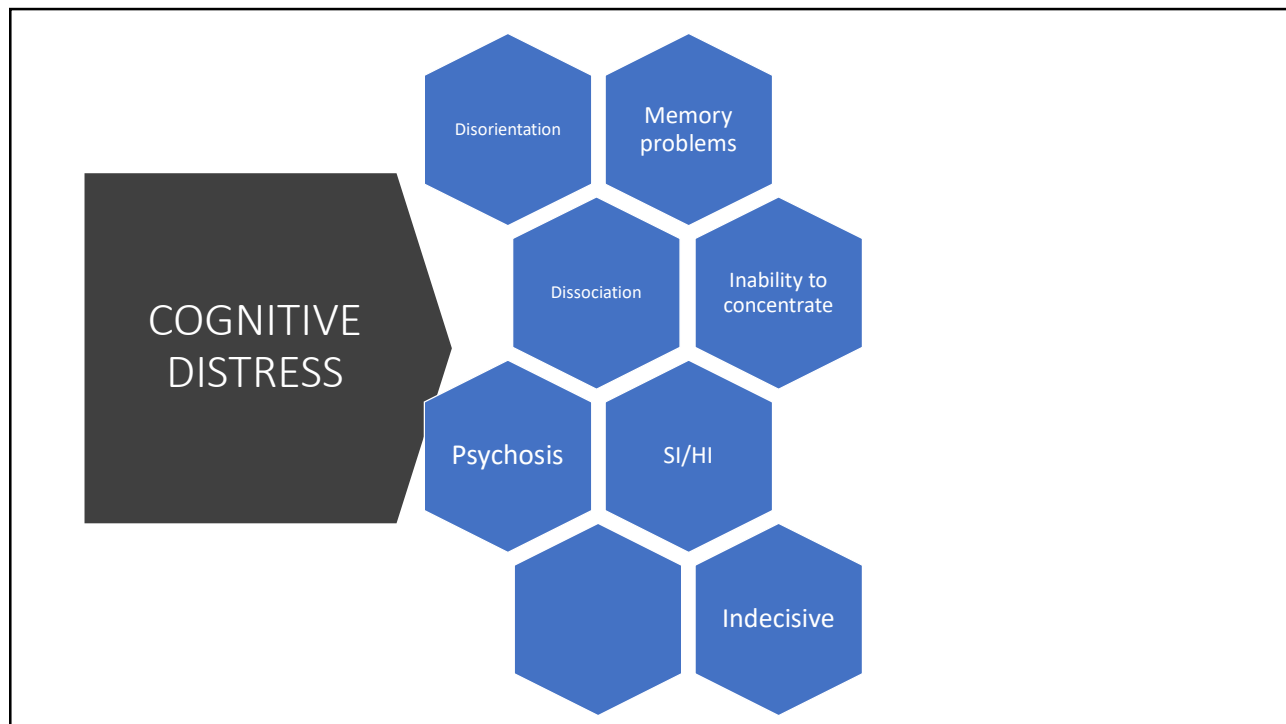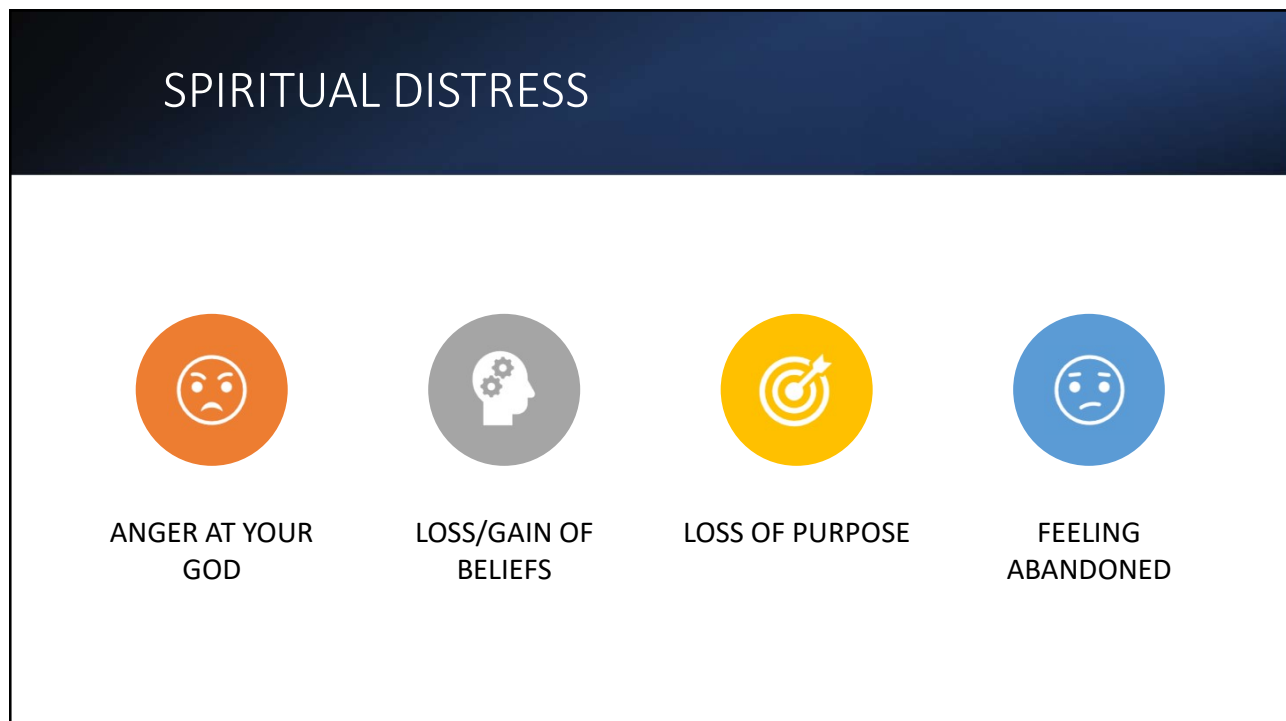
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(1)"Officer" means a certified law enforcement officer, fire fighter, emergency medical technician, paramedic, corrections officer, detention officer, jailer, probation or parole officer, communications officer, dispatcher, emergency management coordinator under chapter 29C, or any other law enforcement officer certified by the Iowa law enforcement academy and employed by a city, county, or state agency.

(2) "Peer support group counselor" means a law enforcement officer, fire fighter, civilian employee of a law enforcement agency or fire department, or a nonemployee counselor who has been designated as a peer support group counselor by a sheriff, police chief, fire chief, or department head of a law enforcement agency, fire department, or emergency medical services agency and who has received training to provide emotional and moral support and counseling to an officer who needs those services as a result of an incident in which the officer was involved while acting in the officer's official capacity.

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RESISTANCE, RESILIENCE, RECOVERY

Resist

Bounce Back

Treatment &
Rehabilitation
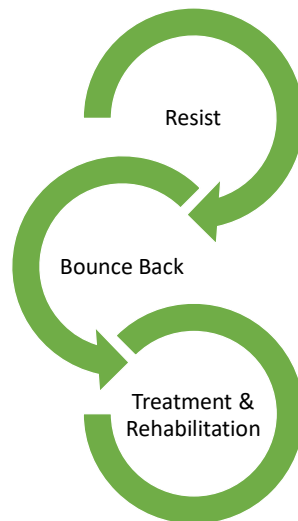
Everly, 2017

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BEHAVIORAL HEALTH CONDITIONS

ASD

PTSD

AUD/SUD

MDD

GAD

VT
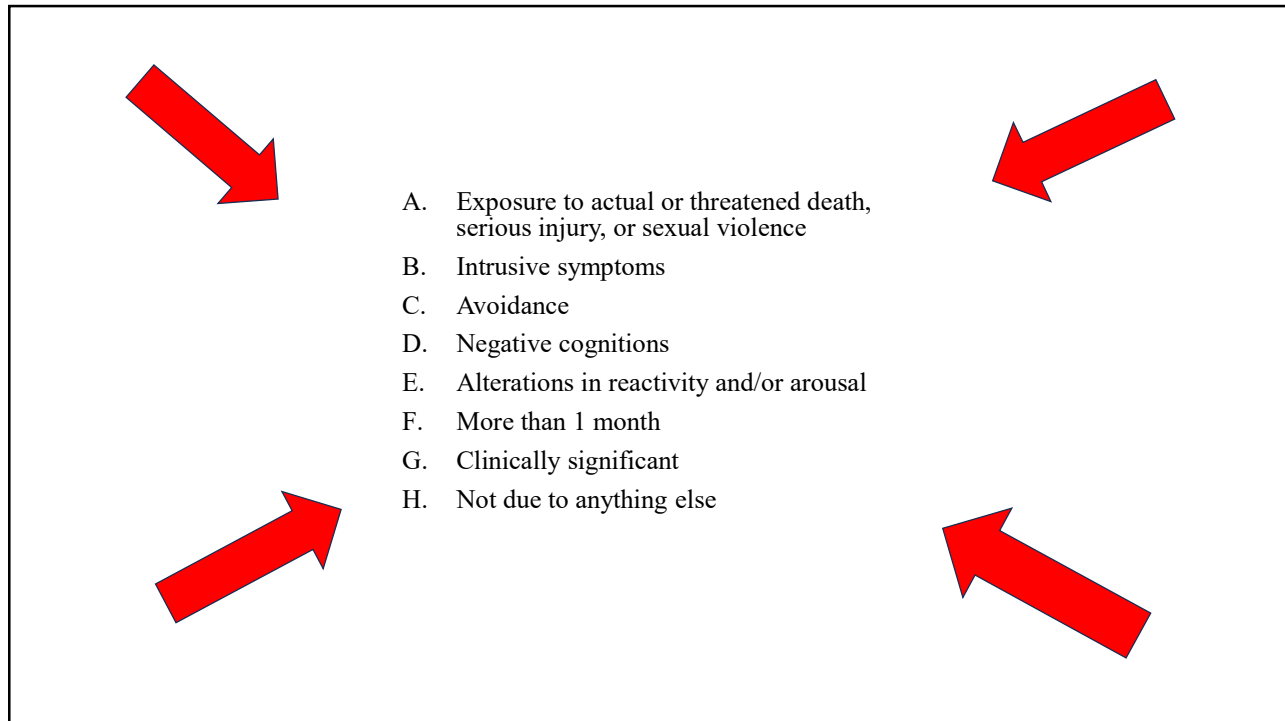
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A. Exposure to actual or threatened death, serious injury, or sexual violence in (or more) of the following ways:
  1. Directly experiencing the traumatic event(s).
  2. Witnessing, in person, the event(s) as it occurred to others.
  3. Learning that the traumatic event(s) occurred to a close family member or friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
  4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse.)
B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
  1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
  2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).
  3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness and present surroundings.)
  4. Intense or prolong psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
  5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
  1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely related with the traumatic event(s).
  2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
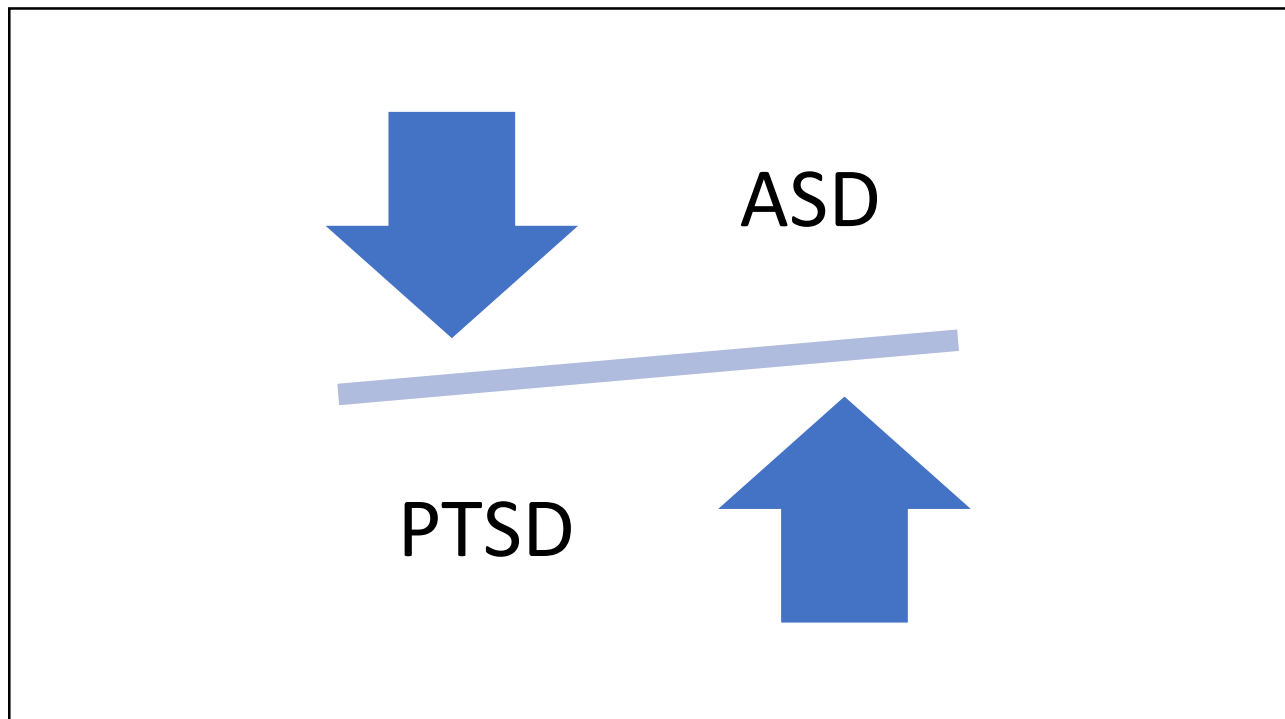
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D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
  1. Inability to remember and important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs.)
  2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," The world is completely dangerous," "My whole nervous system is permanently ruined").
  3. Persistent distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
  4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
  5. Markedly diminished interest or participation in significant activities.
  6. Feelings of detachment or estrangement from others.
  7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
  1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
  2. Reckless or self-destructive behavior.
  3. Hypervigilance.
  4. Exaggerated startle response.
  5. Problems with concentration.
  6. Sleep disturbance (e.g., difficulty falling asleep or staying asleep or restless sleep).
F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
H. The disturbance is not attributable to the physiological effects of a substance (e.g., medical, alcohol) or another medical condition.

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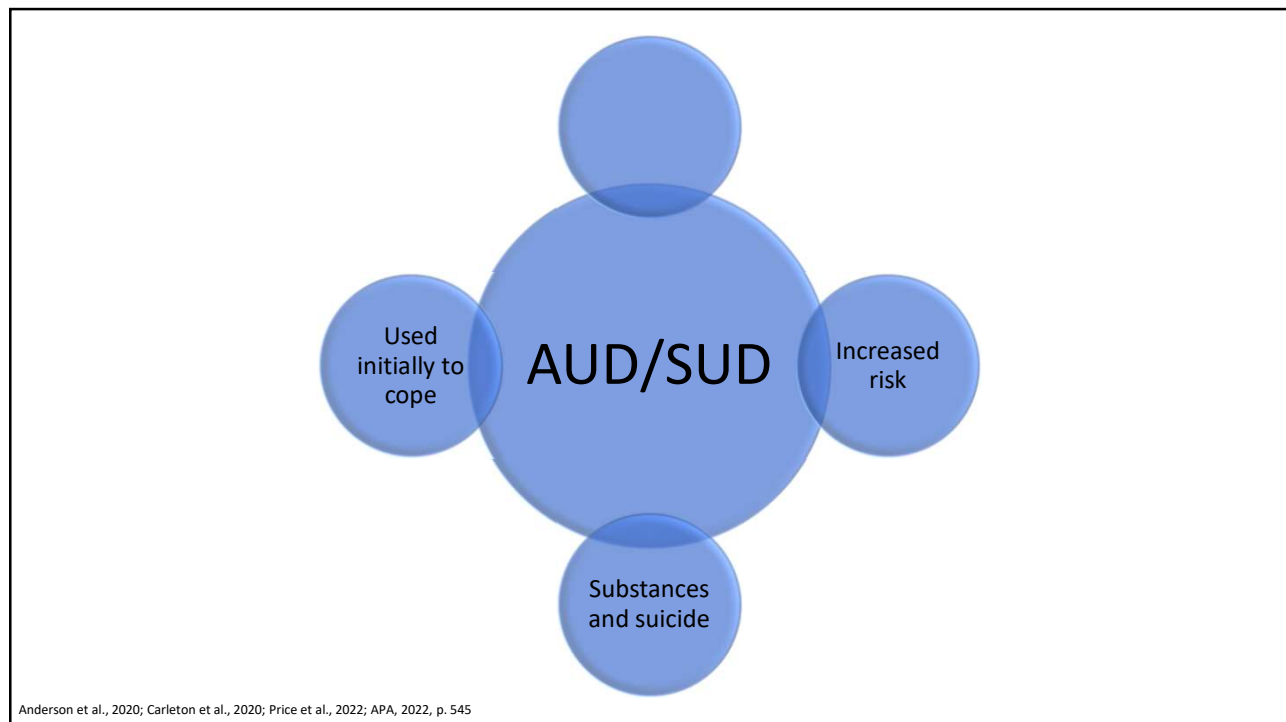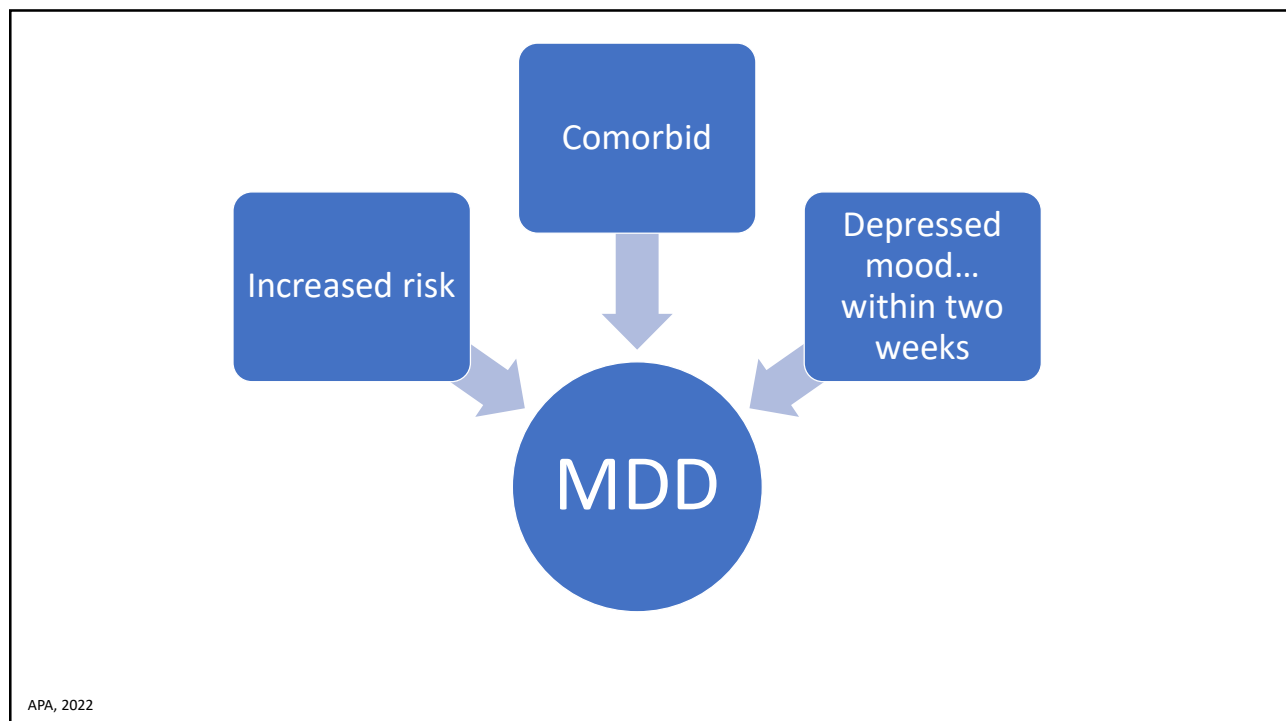A. Exposure to actual or threatened death, serious injury, or sexual violence
B. Intrusive symptoms
C. Avoidance
D. Negative cognitions
E. Alterations in reactivity and/or arousal
F. More than 1 month
G. Clinically significant
H. Not due to anything else

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ASD

PTSD

Used initially to cope

AUD/SUD

Increased risk

Substances and suicide

Anderson et al., 2020; Carleton et al., 2020; Price et al., 2022; APA, 2022, p. 545

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Comorbid
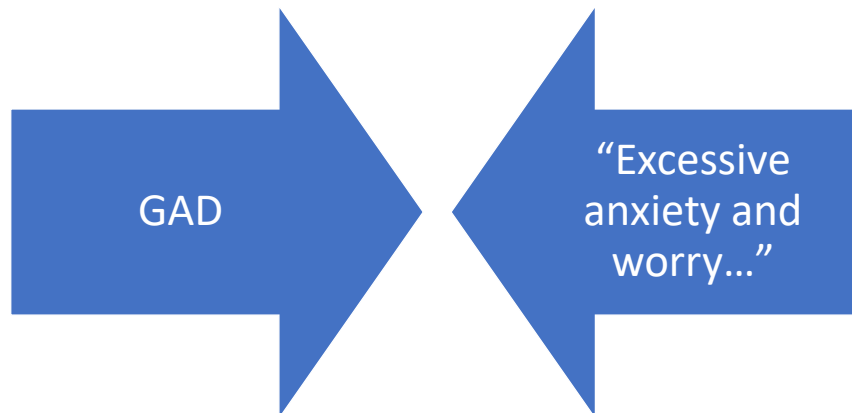
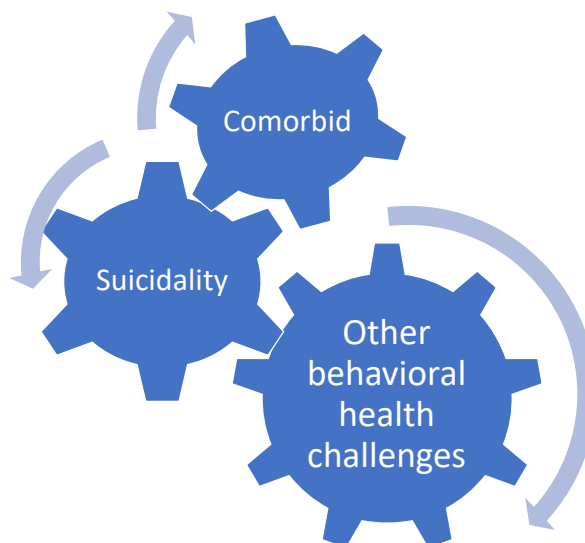Increased risk

Depressed mood... within two weeks

MDD

APA, 2022

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GAD

"Excessive anxiety and worry..."

APA, 2022, p. 250-251

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Comorbid

Suicidality

Other behavioral health challenges

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Gap - 2018

Recent Data

60% were MDIs

Morrison, 2023

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Invited to interventions

"First Responders"

Forgotten

Iowa Code 622.10

License plates
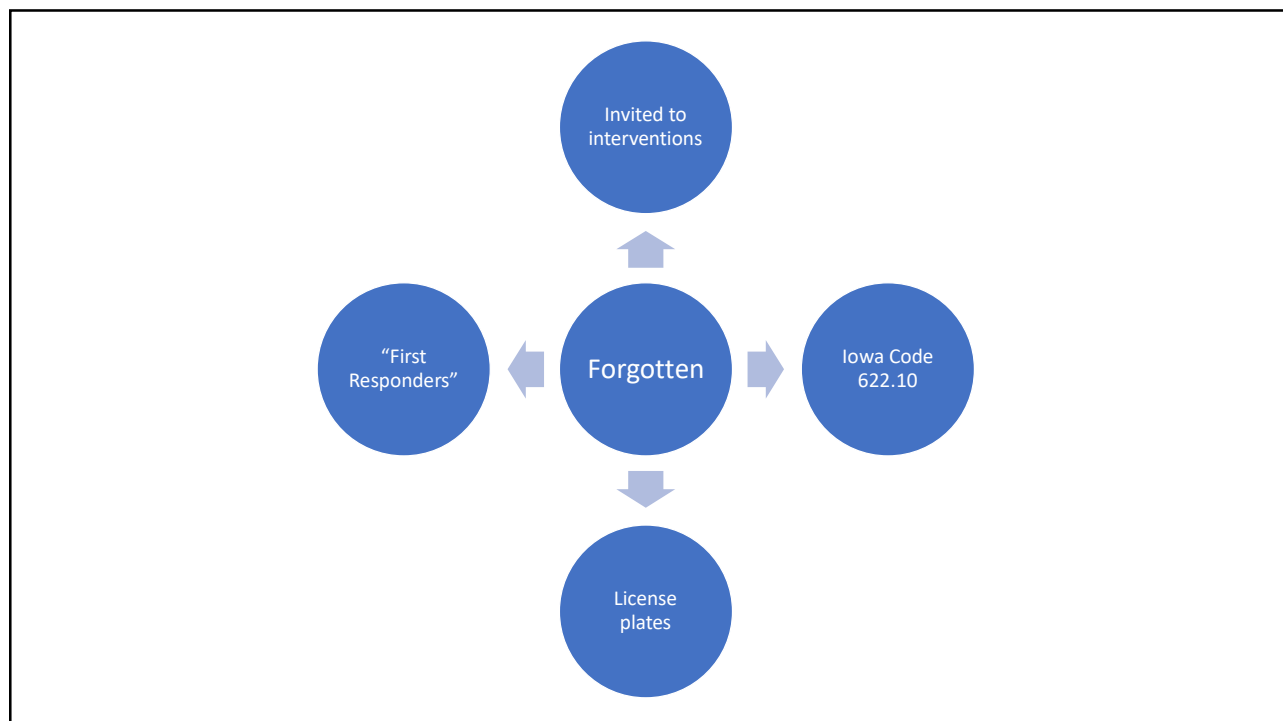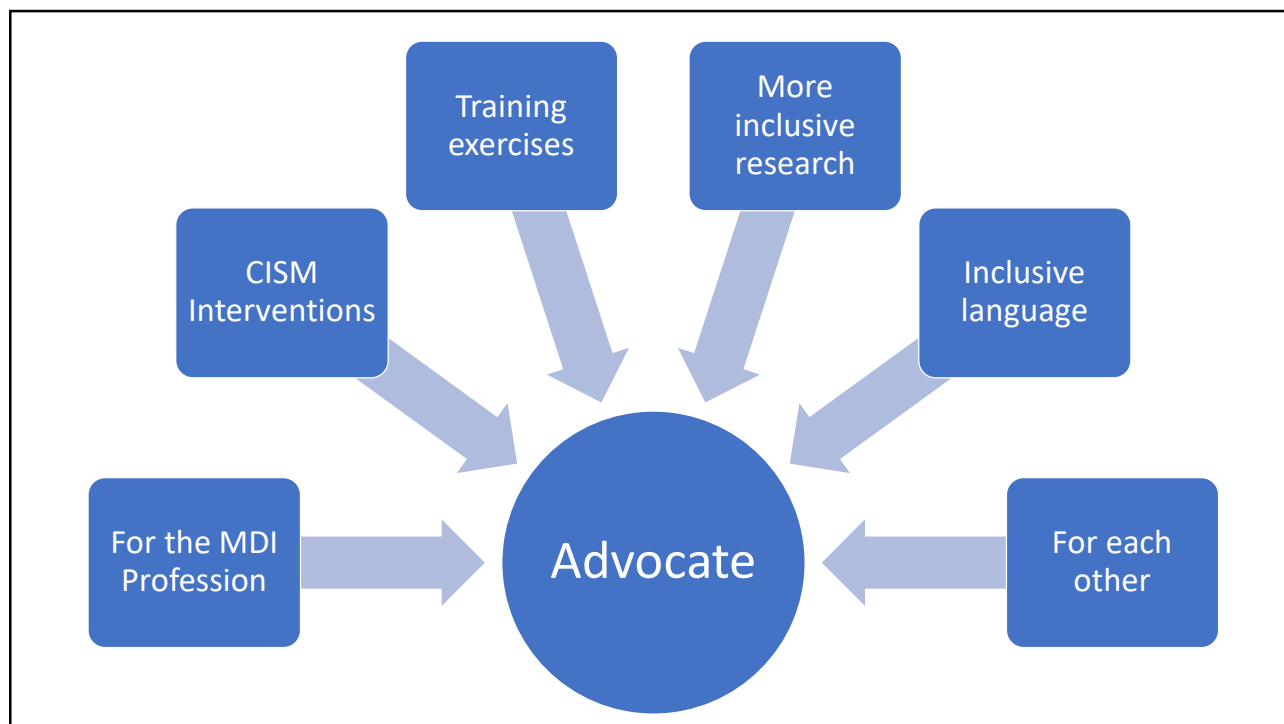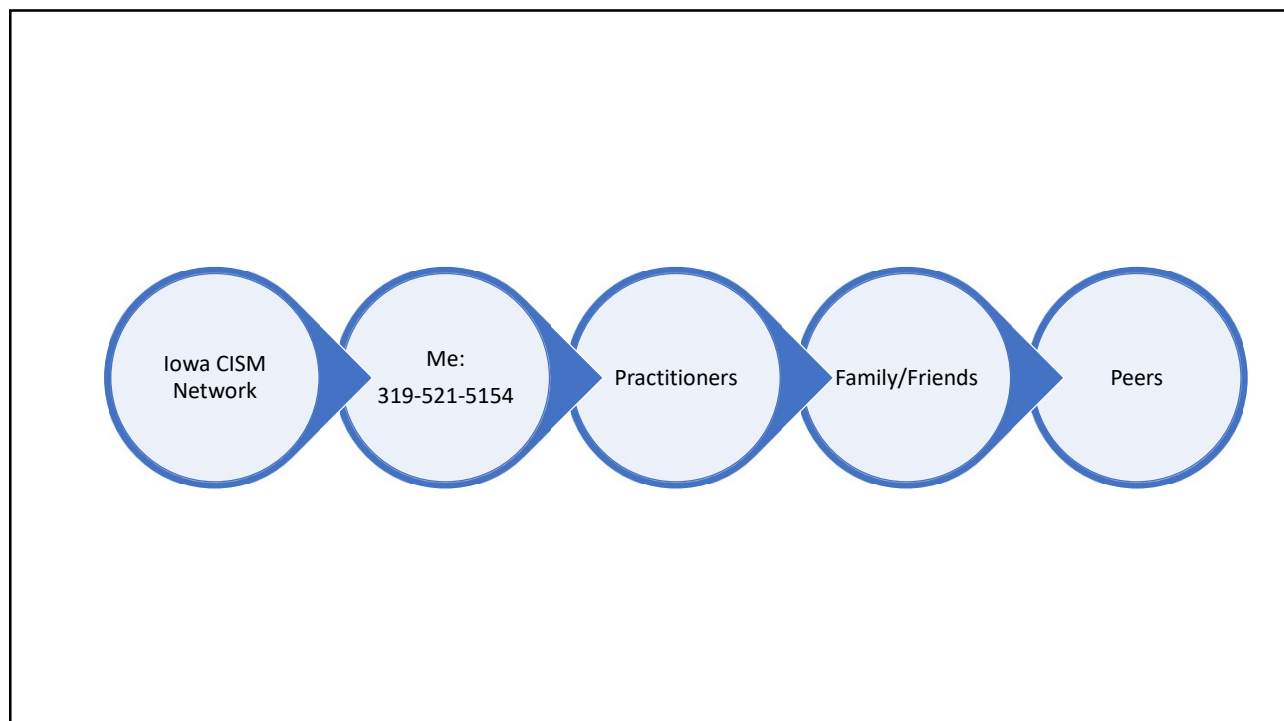
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THANK YOU!

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