



Principles for Critical Stress Management in MDI Settings: Critical Event Debriefing and Recommendations for Development

Critical stress management (CSM) is an essential component for medicolegal death investigation offices. Stakeholders and the functions of CSM extend from first responders and workers in medicolegal death investigation (MDI) as well as family and community members affected by the incident. A well-conceived critical stress management program will yield benefits not only regarding a specific critical incident but also result in improved investigation skills overall and may yield long reaching preventative measures within a community.

There are two general considerations in critical stress management for medicolegal death investigation offices.

- **Normal Office Duties:** CSM should recognize and support employee and responders' emotional and mental responses to the routine stressful situations encountered in MDI. The quality of investigations has the potential to improve at all levels when communication with families is enhanced through the formal use of CSM programs. A further benefit of these programs is an improved pro-active response to families and communities when a high risk situation, such as teen suicide occurs, or when a family member appears to have an abnormal grief response. Prompt recognition of situations such as these, and others, may allow earlier mental health intervention opportunities.
- **Mass Fatality Incidences:** The second set of programs for CSM is aimed at stress management for MDI professionals, additional staff and all volunteers utilized when mass fatality incidences or other events occur that overwhelm normal office resources and/or flow. Those unaccustomed to dealing with MDIs should be included in CSM programs and training should ideally occur prior to any involvement to prepare and screen persons for the expectations of mass fatality incidences.

A critical stress management program seamlessly functions through the continuum of actual and potential office encounters, improving emotional health and response of responders, MDI, families and the larger community. These programs are not designed as comprehensive mental health care, but rather a way to help “bounce back” from encounters and to recognize and refer individuals when mental health needs suggest additional professional referral.

Current principles and available resources for CSM programs in MDI settings today include, but are not limited to:

- Empirical evidence does not currently point to a single best model.
 - a. There is a potential for harm from applying a “one-size-fits-all” approach to intervention.
 - b. Maintain flexibility in utilizing what works most effectively in the specific time, place and context.
- Programs support the process of resilience to adapt in the face of adversity, trauma, tragedy, threats, or even significant sources of personal stress in order to “bounce back”.
- “Debriefings” are conducted following critical events that overwhelm an office’s resources or events that have strong emotional circumstances outside routine office operations.
 - a. Debriefings are part of a comprehensive stress management continuum that enables individuals and groups to receive an assessment of needs, practical support and follow up that will facilitate the early identification and prompt treatment of any psychological conditions, up to and including PTSD (Regel, Stephen, *Post-Trauma Support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD)*, Occupational Medicine 2007 57)
 - b. Debriefings are a process not an event
 - c. Debriefings can be defined as: Psychological First Aid (PFA) which refer to a set of skills used to limit the distress and negative behaviors that can increase fear and anxiety (National Academy of Sciences, 2003). PFA is as natural, necessary and accessible as medical first aid. PFA assists people with emotional distress by providing support and good listening skills. As with Medical First Aid skills, an individual does not need to be a highly trained professional to provide immediate care to those in need. Psychological First Aid is usually used *during* a response to a crisis.

The strengths of Psychological First Aid (PFA) include:

 - i. It is a basic information-gathering technique for rapid assessment
 - ii. It relies on proven strategies that can be applied in a variety of disasters and crisis situations
 - iii. It is appropriate across ages and cultures
 - iv. It includes the use of printed material to provide important information for dealing with post-disaster reaction
 - d. MDI professionals are aware and have basic training in Psychological First Aide by recognizing family or community high risk situations, such as teen suicides, domestic/family violence, etc. Training includes basic training for improved sensitivity and non-verbal cueing for family interviews and responses.
- d. “Debriefings” are not to be limited to any one model, but have the flexibility to accommodate to the unique characteristics of the participants, or the unique circumstances surrounding the crisis event. This is particularly critical in rural

districts where responders are usually local volunteers rather than full time employees. Gathering the responders and “team” following the event may be challenging.

- e. Quality assessment survey is conducted 6 months to a year following the debriefing to ask participant to evaluate the process.
- f. “Debriefings” are conducted by either:
 - i. Experienced, credentialed professionals who meet a set of predetermined standards:
 1. Successfully pass a structured screening process
 2. Complete annual training
 3. Masters degree in the behavioral sciences
 4. State licensure
 5. At least 5 year’s experience conducting debriefings
 6. Experience working in a medical setting, Etc
 - ii. Peer counselors
 1. Successfully pass a structured screening process
 2. Complete annual training program
 3. Have access to supervision/consultation with credentialed and experienced professional counselor, at least via telephone
- Common warning signs of mental stress in employees at risk are known (see Appendix A)

Conclusion

Critical needs of the MDI community do exist and are currently not available to fully meet the needs in both rural and metropolitan areas. Appendix B outlines SWGMDI’s recommendations to fulfill the needs of those who serve in this capacity in order to maintain their mental health during periods of critical stress.

Appendix A

Common Warning Signs of Employees at Risk (Not all inclusive)

*Note: These can occur outside of a critical incident and “non-critical” recognition of mental stress is optimal for both employees and offices.

- Irritability (over long periods of time)
- Ongoing fatigue
- Insomnia
- Under/over eating
- Alcohol/other drug abuse
- Relationship difficulties over an extended period of time
- Gambling...
- Affairs
- Withdrawal from friends/family
- Poor concentration leading to poor performance
- Arriving at work late/leaving early
- Disengaged from everyday activities
- Preoccupation with illness
- Depression
- Suicidal discussion – “not worth living”

Appendix B

Committee Recommendations to meet needs of MDI community

- Develop guidelines for WHEN to conduct debriefings as well ongoing availability as resource;
 - Discussion Point: Mandatory vs. Voluntary Participation (Varying opinions) –
 - i. Supporters of voluntary feel that participants recognize their need for assistance will be more willing to get involved in a debriefing.
 - ii. Supporters of mandatory believe that those most in need will not attend voluntarily; that even passive/resistant attendees at a debriefing will get benefit from hearing the concerns of others; and that mandatory attendance will at least “demystify” the debriefing process.
 - iii. No current agreement on which is most effective.
- Develop a screening tool for evaluating the suitability of crisis debriefing professionals and peer counselors
 - Emphasize screenings in advance
 - Emphasize education of debriefing professionals in advance to prepare themselves for dealing with mass casualties and understanding the particular stresses of those working in MDI professions daily.
- Develop two training programs:
 - Training for professionals regarding the flexibility necessary to recognize the need to and conduct effective debriefings;
 - Training for Peer Counselors in Psychological First Aid
- Develop a resource file/database that identifies professionals who meet the recommended standards for debriefing practice, and include how to access professionals who meet above criteria.