

CISM

Critical Incident Stress Management

PRESENTED BY

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INTRODUCTIONS

TOM MORIN

- 1987 Bachelor's Degree, Aviation Management and started Air Traffic Control career, Boston Center
- May 1994 Master's Degree, Clinical Mental Health Counseling
- August 1994 Began Work with NATCA to help create the NATCA CISM Team
- 2014 Retired May 31, remained in Team Lead role for one more year. Began work as an agency contractor to provide annual training
- Team Lead 1995-2000, 2009-2015



INTRODUCTIONS

SARAH GRAMPP

- 2002 - 2006 United States Air Force
- 2007 Began FAA Career at Chicago Center
- 2009 Started with the NATCA CISM Team
- 2013 Transferred to Kansas City Center
- 2016 Began Coordinator Role
- 2019 Took on co-lead position to work with the Team
Lead to help manage the Team
- 2020 Became Team Lead



NATCA CISM Team Through the Years

- 1994 Preliminary meetings to organize the Team
- 1995 January, Team and Agency joint training. After training the Team was operational
- September 11, 2001
- 2003 - 2009 Very little support from the agency due to those in political power. Team members were not replaced and 15 team members became 9
- 2009 Renewed support for the Team. (President Obama elected) 6 new team members added
- 2011 In house training began and the quality of the training improved immensely
- Annual training language was added to the NATCA contract.
- CISM services are now part of the culture of air traffic control in the United States.



History of CISM

- Recognition of psychological impact going back more than a century
- World War I referred to “shell shock” in battlefield soldiers
- Several decades later the term PTSD was used to explain the psychological symptoms of stress events. This was mostly isolated to soldiers of war.
- During the 1980’s, the emergency services began to employ a group discussion format for helping those affected by an on the job critical incident. (For example line of duty death for police/firefighters.)
- NATCA and ALPA (Air Line Pilots Association) both started programs in the mid 90’s.



The CISM Model

- The majority of CISM Programs follow the model set forth by the International Critical Incident Stress Foundation (ICISF) This was founded by Dr Jeffrey Mitchell and Dr George Everly. Mitchell was a Firefighter and Everly a research psychologist. They teamed up to promote the effectiveness of peer to peer support as a way to enhance well being and help people recover from acute stress events, also known as critical incidents.



Why have a CISM Team?

- Studies have proven that **peer to peer** support teams are highly effective at facilitating the return to normal functioning for those affected by a critical incident.
- Built in support
- Help with managing the effects
- Feeling better sooner



Peer to Peer Support

Why does it work so well?

- Air Traffic Control is highly specialized and unique
- A peer can speak the language and often have immediate access to the affected person.
- Being able to help someone requires trust
- Because peers are professional colleagues, there is often instant rapport
- RAPPOR T = TRUST
- TRUST = EFFECTIVENESS



Peer Support Timelines

- Most critical incidents are acute in nature.
- Immediate support from the CISM Team helps people prepare for how the event may disrupt their daily life and routine. (Defusing)
- If several people are involved in an incident then a Critical Incident Stress Debriefing (CISD) may be scheduled
- More on Defusing and CISD soon



QUESTIONS?

SO FAR WE HAVE DISCUSSED AN OVERVIEW OF
HOW CISM WORKS IN GENERAL

ONTO THE DETAILS



WHAT MAKES CISM WORK

- A well trained peer team that knows how to deliver compassion and practical information
- Rapport = Trust = Effective Help
- Confidentiality
- A mental health professional to work with a peer for CISM's as well as a mental health network if someone needs referral to professional help



What is a Critical Incident?

- A critical incident is an abnormal event that evokes an acute stress response that diminishes coping skills or normal functioning. While mostly work related, sometimes non-work events can create a similar acute stress reaction.
- Common post-event symptoms
 - preoccupation with the event / flashbacks
 - the inability to fall asleep or stay asleep
 - loss of appetite
 - Hypervigilance



Examples of Critical Incidents

- General aviation aircraft accident with fatalities and direct air traffic control involvement. (Tower controller)
- In-flight emergencies involving the radar environment
- Other situations include...



More Critical Incidents

- Near mid-air collisions or runway incursions
- Employee death on or off the job
- Natural disasters such as hurricane, tornado, earthquake or wildfires (These require different handling)
- Any situation that evokes a response consistent with critical incident stress



The CISM Team Product

- One-on-one support within hours of the critical incident. (Defusing) This can also be done with several people at once if possible
- Critical Incident Stress Debriefing (CISD)
- Short-term follow-up



Defusing

- Almost always done one-on-one and follows a specific format
- Almost always done over the phone within 24 hours but best before the end of the day that the incident occurs
- The responding team member can begin to assess the need for further response by making this contact



Critical Incident Stress Debriefing (CISD)

Always a group activity

- In response to an aviation incident/accident where multiple (3 or more) controllers are involved
- Structured confidential group discussion designed to help with any ongoing symptoms. The discussion is formatted to a seven step process. Peers are trained to facilitate this discussion format



CISD (continued)

- Usually conducted at or near the local ATC facility 2-7 days after the event.
- Conducted by peer AND a mental health professional working as a team. Peers take the lead, counselors support the process.
- Closed door private and confidential session for those controllers with direct involvement.
- Some organizations mandate participation. More on that later.



How does a CISM Team actually work?

Roles for an effective Team

- Team Lead - The main gatekeeper and point of contact. This person must know what the team is doing at all times
- Coordinators - These people are responsible for following up on communications that indicate a possible critical incident and usually speak with any ATC that may be involved
- Peers - Everyone on the team is a peer. Peers are trained to work with controllers post-incident



Other Important Factors

- Having support from the top management of your ANSP or organization is critical. This will provide the needed support to create the necessary elements to start-up the CISM Team and keep it operational
- On the labor side, creation of the infrastructure for team operations is very important.



How to Create a CISM Team

- Designation of an individual to serve as the primary point of contact for all decisions related to getting the CISM Team operational. These duties include:
 - Picking Team members
 - Creation of a central phone number/email
 - Education of entire workforce about the Team and the benefits of using it (pre-incident education)
 - Identify mental health professionals that can work in tandem with the Team
 - Identify a management counterpart for the program



AND THEN...

- GET YOUR TEAM MEMBERS TRAINED
 - This should be the last thing that is done so the team may begin to function as soon as training is complete



QUESTIONS



THANK YOU

It has been a pleasure to share our experience with everyone. We stand with you ready to help.

Sarah Grampp & Tom Morin

