

Early Interventions After Critical Incidents – Application

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ABSTRACT

The application of early interventions after Critical Incidents varies depending on the location, the situation and the people involved. In this presentation the application of early interventions after three different Critical Incidents is illustrated.

April 2004: Two Tornado PA 200 fighter jets collided in midair during a basic fighter maneuver. Both crewmembers of one aircraft died and the two crewmembers of the second aircraft got severely injured.

December 2004: A Tornado PA 200 flew into the ground after a two ship formation take off. Both crewmembers died.

January 2005: After the “Tsunami” flood catastrophe in Southeast Asia the German Armed Forces sent medical and flying personnel of the Strategic Air Medical Evacuation Command to Phuket and Bangkok to evacuate injured and non-injured victims in specially equipped aircraft (Airbus A310).

After all these Critical Incidents early interventions according to the Critical Incident Stress Management (CISM) was provided by the Division of Aviation Psychology. Experiences in carrying out various approaches and methods of CISM are portrayed.

1.0 INTRODUCTION

The Special Order of the Surgeon General of the German Air Force (705/5061), the Stress Concept for the Flying Personnel of the German Armed Forces, says:

A Crisis Intervention Team organizes and renders measures of Critical Incident Stress Management after an aircraft accident or a disaster.

The Special Order demands measures of CISM, because of the possible psychological impact on the people affected by the accident or disaster.

From a psychological point of view this accident or disaster means a Critical Incident, which means it may cause traumatization in those affected by it.

A Critical Incident is defined by the “Normative Frame of Reference” (see figure 1). “Green Area”: The incident complies with the expectations and the attitudes, values and norms of this person, “Worldview” as

Petrie, S. (2006) Early Interventions After Critical Incidents – Application. In *Human Dimensions in Military Operations – Military Leaders’ Strategies for Addressing Stress and Psychological Support* (pp. 43-1 – 43-8). Meeting Proceedings RTO-MP-HFM-134, Paper 43. Neuilly-sur-Seine, France: RTO. Available from: <http://www.rto.nato.int/abstracts.asp>.

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a whole, some kind of what we take for granted. The “Green Area” can expand when confronted with incidents moderately distant from the area. An incident outside the area is a Critical Incident, a possibly traumatizing event.

The psychological task of a person confronted with a Critical Incident is to integrate the incident. Does the integration work successfully the digestion of the incident is successful. Does the integration fail, this incident can cause further problems. These problems can go as far as to the development of a Posttraumatic Stress Disorder.

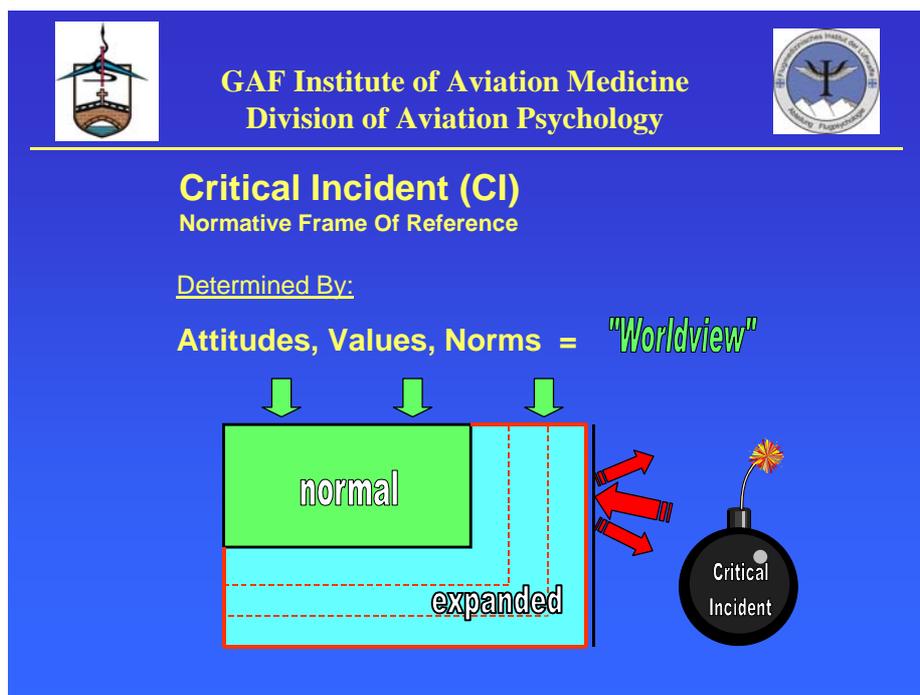


Figure 1: Normative Frame of Reference

The criteria that characterize a Critical Incident are:

- Feelings of helplessness/powerlessness,
- feelings of guilt,
- serious personal consternation/dismay,
- identification,
- intensity of incident (e.g. catastrophe),
- threat of body and life.

Does one or more of these criteria apply to the incident, it is a possibly traumatizing event, a Critical Incident.

The measures of CISM all have the goal to

- help the affected people to cope with stress caused by the Critical Incident,
- help to integrate the incident,
- prevent the development of a Posttraumatic Stress Disorder.

The measures of CISM are not a therapy, they are a form of prevention.

One measure of CISM is the Crisis Management Briefing (CMB), a briefing for large groups of people affected by a critical incident. A CMB has the goal to

- give Information against rumors,
- explain the psychological impact of the Critical Incident, the stress reaction and its consequences with the message: This is a normal reaction of a normal person to an abnormal event,
- give recommendations for dealing with reactions,
- offer further help.

The duration of a CMB is about 30 to 60 minutes.

For people just moderately affected by the Critical Incident a CMB is sufficient. For those more deeply involved a Critical Incident Stress Debriefing (CISD) can be necessary.

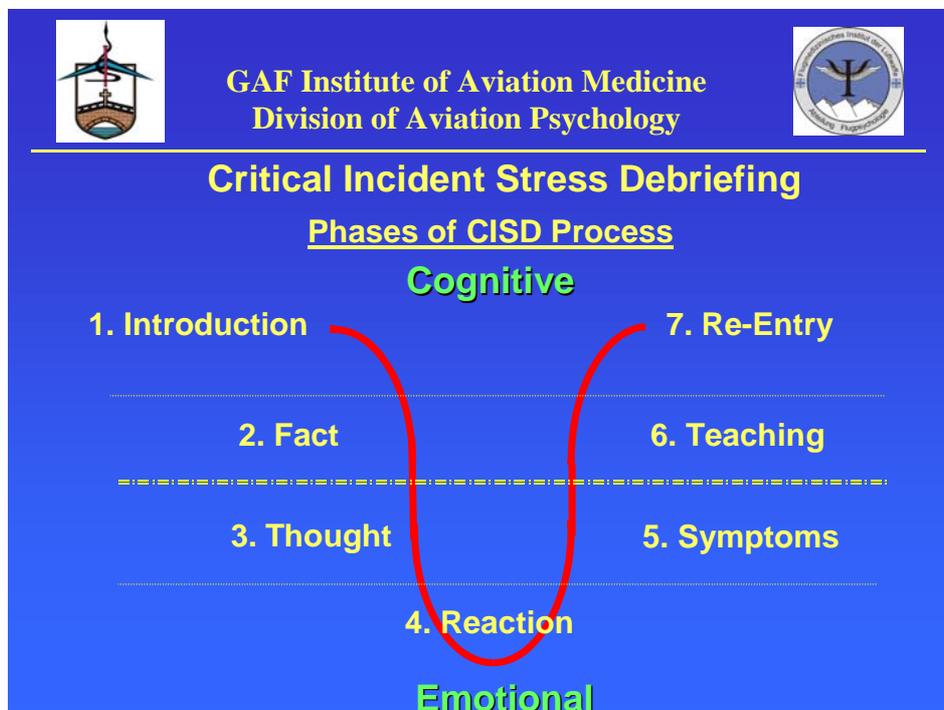


Figure 2: Phases of the CISD Process

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A CISD is a group process in which the participants, while talking about the Critical Incident, are lead through a certain structure (see figure 2). A CISD is lead by a CISM-trained psychologist or physician and essentially supported by CISM-trained peers. The goal of a CISD is to help digest the Critical Incident by providing a forum where the people affected can

- cognitively and emotionally arrange the Critical Incident in a clearer order while telling their story,
- express their emotions related to the Critical Incident,
- experience they are not unique or alone in their reactions to the Critical Incident, experience solidarity,
- learn about the psychological impact of the Critical Incident, the stress reaction and its consequences with the message: This is a normal reaction of a normal person to an abnormal event,
- get recommendations for dealing with reactions,
- get offered further help.

The duration of a CISD is about 2 to 3,5 hours.

After a Critical Incident where flying personnel was involved, the Division of Aviation Psychology is in charge to form and send a Crisis Intervention Team.

2.0 APPLICATION

2.1 Aircraft Accident April 2004

On 21 April 2004 two PA 200 “Tornado” RECCE of the Tactical Reconnaissance Wing 51 “Immelmann” collided in midair during a basic fighter maneuver. One aircrew died, one got injured.

A Crisis Intervention Team that consisted of two psychologists from GAF IAM and two peers, one of which a Tornado Weapon System Operator and the other one an Army Fighter Helicopter Pilot, was sent to the wing. The duration of the Crisis Intervention was 14 days. The groups of people affected (in different ways, according to the criteria, and to a different extent) the Crisis Intervention Team worked with were:

- Fire Brigade,
- Security Personnel,
- Recovery Party,
- Medical Team, Crash Crew,
- Aircraft Servicing,
- Aircrews,
- Aircrew Leaders,
- Staff Personnel.

The measures of CISM the Crisis Intervention Team rendered were:

- 5 CMB (145 people),
- 6 CISD (60 people),
- 20 One-on-ones (most according to CISD),
- 1 group meeting for spouses of aircrews,
- 2 organization counselings for military leaders,
- 1 meeting with relatives of victim,
- participation at military memorial service and reception.

The Crisis Intervention Team had about 270 incident related contacts. At the end of the Crisis Intervention Mission a Team Debriefing took place.

2.2 Aircraft Accident December 2004

On 09 December 2004 a PA 200 “Tornado” ECR of the Fighter Bomber Wing 32 ECR crashed during formation takeoff. The aircrew died.

A Crisis Intervention Team that consisted of four psychologists and seven peers with different backgrounds was sent to the wing. The duration of the Crisis Intervention was 12 days. The groups of people affected (in different ways, according to the criteria, and to a different extent) the Crisis Intervention Team worked with were:

- Security Personnel,
- Recovery Party,
- Medical Team, Crash Crew,
- Aircraft Servicing,
- Aircrews,
- Aircrew Leaders,
- Staff Personnel.

The measures of CISM the Crisis Intervention Team rendered were:

- 24 CMB (558 people),
- 7 Defusings (32 people),
- 2 CISD (12 people),
- 145 One-on-ones,

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- 1 group meeting for spouses of aircrews,
- 15 organization counselings for military leaders and family counselings,
- participation at military memorial service and reception ceremony.

After the Crisis Intervention Mission a Team Debriefing took place.

2.3 Air Medevac Evacuation Missions December 2004/January 2006

After the “Tsunami” flood catastrophe in Southeast Asia the German Armed Forces sent medical and flying personnel of the Strategic Air Medical Evacuation Command to Phuket and Bangkok to evacuate injured and non-injured victims in specially equipped aircraft (Airbus A310).

A Crisis Intervention Team that consisted of one psychologist of GAF IAM and five peers, three of them Flight Attendants from the Special Air Mission Wing (MoD), worked with the people affected from the Special Air Mission Wing (MoD). The duration of the Crisis Intervention was 2 days. The groups of people affected (in different ways, according to the criteria, and to a different extent) the Crisis Intervention Team worked with were:

- Medical personnel from the Special Air Mission Wing (MoD),
- Flying Personnel from the Special Air Mission Wing (MoD), i.e. Cockpit Crews, Cabin Crews, Loadmasters.

The Crisis Intervention Team had about 95 incident related contacts. At the end of the Crisis Intervention Mission a Team Debriefing took place.

3.0 SUMMARY/LESSONS LEARNED

Crisis Intervention as prevention of further problems was accepted, even expected and welcome in the affected wings.

The cooperation with the military leaders was excellent. Obviously early information about CISM in leadership trainings, as the Division of Aviation Psychology provided for years and still does, pays. The military leaders requested psychological support, let the Crisis Intervention Teams openly into their wings and work with their personnel and offered organizational help as much as help with regard to the content of CISM (forming groups etc.).

Time and personnel were as always the limiting factors and precious resources. The task to deal with time pressure and the fact never to have enough people in the Crisis Intervention Teams had to be answered by good organization and good time management.

Not all people affected got psychological support due to several reasons that hindered the contact like people were given days off or called in sick or just were not thought of as affected by the Critical Incident.

Altogether the Division of Aviation Psychology received very positive feedback about the portrayed Crisis Interventions from the wings affected which increases the likelihood that they would request a Crisis Intervention Team after a Critical Incident again.

For the Crisis Intervention Teams the Crisis Interventions were experienced as hard, but personally very fulfilling work.

4.0 REFERENCES

- [1] Everly, G. S. and Mitchell, J. T. (1997). Innovations in Disaster and Trauma Psychology Volume Two: Critical Incident Stress Management -CISM- A New Era and Standard of Care in Crisis Intervention. Chevron Publishing Corporation, Ellicott City, MD.

