

A Review on R.E.C.E.O Crisis Intervention Model among Firefighters in Malaysia and in Crisis Counselling Setting

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Abstract. *This single case study is conducted to describe the R.E.C.E.O (Rescue – Exposure – Confinement – Extinguishment – Overhaul) crisis intervention model used by firefighters in Malaysia in handling a crisis situation. The similarities and differences are compared between R.E.C.E.O Crisis Intervention Model with other Crisis Intervention Models in crisis counselling, such as the Roberts’ Seven-stage and the Six-Step introduced by James and Gilliland. The subject of this study was a fire officer who has served as a firefighter for more than 30 years selected via purposive sampling method. Qualitative method was employed for this study and interview with subject was conducted for data collection purposes. The identifiable similarities between the R.E.C.E.O model and the other counselling crisis intervention models are at exposure, confinement and extinguishment stages. In rescue operations and crisis situations, the R.E.C.E.O model emphasize more on safety aspects when critical incidents take place where approaches in this model are more active, practical and action-oriented. This approach is different from Roberts and Six-Step’s models where the focus is more on building relationship with client at the beginning of the counselling session. The advantages of the R.E.C.E.O crisis intervention model are it is developed based on the need for a critical incident and this model is a universal model used by all world-class firefighter organizations. The role of crisis counselling stated in Roberts and Six-Step models is also undoubtedly necessary when handling critical incidents, but they are not done at the rescue stage as in the R.E.C.E.O model. This article is expected to provide understanding to counsellors as well as psychologists where improvements can be made in crisis interventions, especially how crisis counselling can be implemented along with other models of crisis intervention in the future.*

Keywords: *Crisis intervention, counselling, critical incident, R.E.C.E.O, firefighter.*

Introduction

We often listen to and read news reports on major events or issues such as the occurrences of natural disasters, life-threatening accidents, rape, domestic abuse, divorce, criminal incidents and other events in the newspaper and on television. All of these events make individuals become indirectly involved in a life phase called crisis in their lives.

According to Roberts and Ottens (2005), crisis implies an acute disruption of the psychological and physiological stability of an individual and causes the individual to decline in mobility in an effort to overcome the crisis experienced by him. This is accompanied by symptoms indicating that the individual deals with stress affects the daily functions of the individual involved. There are two main causes of the crisis in a person. First is the pressure or traumatic events and second, the hazardous events (Roberts & Ottens, 2005).

R.E.C.E.O crisis intervention approach

The approach is used to carry out a crisis intervention for a firefighter is different from the approach that the counsellor uses in the intervention of the crisis. First of all, it is important to know that crisis or critical incidents can be triggered by factors such as interpersonal conflicts (like spousal relations and divorce), events such as sexual abuse or existing mental health problems (Roberts & Ottens, 2005). In addition, crisis or critical incidents can

also be started by catastrophic events, which make the difference between crisis intervention and disaster management (Roberts & Ottens, 2005). The approach used by firefighters in managing fire is not the same as crisis intervention approaches in crisis counselling. It is instead a more active, practical, action-oriented approach known as crisis management.

As per standard operating procedures, each fire department has a standardized model that must be obeyed where this regulated model approach is a practice used by all firefighters and rescue departments from all around the world. Based on an interview with a firefighter and the display in the Kuala Muda Fire and Rescue Department operating room, it is acknowledged that firefighters adopt standard operating procedures called R.E.C.E.O (Jabatan Bomba dan Penyelamat Malaysia, 2013).

R.E.C.E.O concept description

In this subdivision, there are five strategies used by firefighters and rescue teams from around the world in every operation;

First Strategy: R – *Rescue*. The first strategy is used by firefighters on arrival at the site of an emergency is to investigate the victims or individuals in danger and to prevent the danger from spreading to the victims or other individuals.

Second Strategy: E – *Exposure*. The second strategy is exposure. This strategy allows the fire operation team

to assess whether or not other potential hazards will arise as a result of an emergency occurrence. This is because there is fear that a danger may go unnoticed if it is not addressed by the fire operation team. In fact, the effects of the hazard may be worse than the ongoing emergencies. For example, in a fire-fighting operation, an assessment will be conducted by the fire-fighting team to see if there is a gas leak. If this is not addressed by the firefighters, it may have severe consequences and it will affect the operation. Similarly, in the issue of someone who wants to plunge from a building to commit suicide, it is important to bear in mind that while the main purpose of the operation is to save the suspect who wants to commit suicide, the fire forces have to protect themselves from being exposed to other hazards during the rescue process. For example, the rescue teams need to install safety straps and place air cushions under the building where the suspect wants to attempt suicide by jumping off the building.

Third Strategy: C – Confinement. The third strategy is ‘confinement’ in which the fire-fighting operation team must prevent accidents and hazards from spreading to greater danger and ensure that the emergency situation is under control. When fires occur, firefighters need to create blockades inside and outside the buildings, so that fire will not spread to nearby areas.

Fourth Strategy: E – Extinguishment. The next stage is an offensive action where the firefighters and rescue operation team will extinguish the fire and eliminate hazardous situations and restore potentially tense conditions. It aims to return the emergency situation to a stable state. In this case, the firefighters and rescue team will work from the outside and inside (if necessary) to extinguish the fire and eliminate any situation that can lead to a second red-hot.

Fifth Strategy: O – Overhaul. The final strategy in the R.E.C.E.O concept is to conduct an overhaul and investigation. This means that the firefighters must make sure that there are no more hazardous conditions before the operating team packs equipment and leaves the scene.

In addition, there is also a new operation that must be carried out by the Malaysian Fire and Rescue Team whereby after an emergency check-up, the fire and rescue team are obliged to provide a special space called Post-Incident Stop Centre (PSPI). The centre must be set up at an emergency scene, but only to place chairs and desks to carry out a debriefing process.

The entire R.E.C.E.O process is crucial for both the firefighters and fire victims. It allows discussions to take place for the improvement of emergency assistance provided by the firefighters and social support given to fire victims. If necessary, fire victims who are suffering from trauma or family deaths due to the fire outbreaks can also be advised to seek help from relevant authorities such as counsellors for assistance and treatment. The victims can also be guided to seek moral and social support by meeting with acquaintances or close friends.

The concept of disaster crisis and its action

It is important to note that in the event of a major disaster in a community such as fire, an early response in

a disaster event or emergency requires initial salvage services instead of psychological assistance (Roberts & Ottens, 2005). In the event of a catastrophic crisis, there are several phases of the given response that must be prioritized. According to the Mental Health Center of North Iowa (in Kanel, 2012), the first phase is known as the Heroic Phase. Roberts and Ottens (2005) also state that the first phase response in a catastrophic crisis is the ‘Impact Phase’ while the second phase is the ‘Heroic’ or ‘Rescue Phase’.

According to Roberts and Ottens (2005), crisis intervention can be done only four weeks after the disaster with the involvement of parties such as counsellors and psychologists if there are victims in need of help. Kanel (2012) defines this phase as the ‘Honeymoon Phase’ where the victims are at least willing to share their experiences with others and have surpassed the critical phases of the disaster. At this point, counsellors play a fundamental role in helping traumatized victims who need counselling and social support. This is because the victims may not be able to manage their thinking well as a result of the tragic experiences that have taken place in their lives, particularly for victims who have never experienced such crisis. Importantly, all of these depend on the perceptions of each individual about the disaster, the personality of the victims, their past life experiences and the coping level of the victims.

Models comparison

There are two models of crisis intervention that are always used as a guide in helping individuals who experience a crisis. The two models are the Roberts Seven-Stage Crisis Intervention Model (Roberts, 1990, 2005; Dass-Brailsford, 2007) and the Gilliland Six Steps Crisis Intervention Model (James & Gilliland, 2005).

First, Roberts Seven-Stage Crisis Intervention Model (Roberts, 1990, 2005; Dass-Brailsford, 2007) can be used as a guide in implementing crisis interventions. The steps listed in the model are critical; they are in order and sometimes overlap in the process of crisis intervention. The seven stages contain in this model are explained as follows:

- (1). Planning and conducting a systematic bio psychosocial and crisis assessment including lethality measures.
- (2). Building rapport and rapidly establishing relationships.
- (3). Identifying the major problems including the causes of the crisis.
- (4). Encouraging exploration of feelings and emotions.
- (5). Designing and developing alternative actions appropriate to individuals and building new, more effective coping skills.
- (6). The implementation of the action plan.
- (7). Performing follow-up reviews to identify changes in individuals.

Meanwhile, James and Gilliland (2005) who introduce the Six-Step Crisis Intervention Model divide crisis counselling steps into two important sections, namely listening and action. These two sections are further expanded into three steps each. The breakdown in the Six-Step Crisis Intervention Model is as follows (Dass-Brailsford, 2007):

Listening : (a). Defining the Problems – Counsellors or therapists have to identify and understand the client’s issues from their perspective by using the basic skills in counselling such as active listening, empathy, genuineness and acceptance. (b). Ensuring Client’s Safety – Counsellors or therapists have to ensure the client’s safety and assess whether or not there are elements of danger that may affect the client’s physical and psychological conditions. (c). Providing Support – Counsellors or therapists have to communicate with the client and show that they are concerned about their wellbeing.

Action: (a). Examining Alternatives – There are three vital roles that counsellors and therapists have to be aware of. The first is to help the client in identifying the support he can get from their surroundings, either from family or close acquaintances. The second is to assist the client in identifying effective coping mechanisms, behaviour or environments that can help the client to overcome the crisis phases. The last role is to help client in examining their distorted thoughts and finding the best way to restructure them into better, more positive thoughts. (b). Making Plans – Counsellors and therapists can make collaborative planning with the client. The client has the right to refuse the plans and he can do so if he feels that the plans do not suit to his cases. The plans discussed with the client should appropriately suit to the client’s ability to enact it. (c). Obtaining Client’s Commitment – Counsellors or therapists ask the client to state his consent to implement anything that has been planned together in the session. The goal is to obtain a commitment from the client to take a positive step if the same crisis re-occurs. At this stage, the commitment agreement must be intended and the client is able to execute it.

Similarities and differences of intervention models

In terms of model differences between the three models, R.E.C.E.O model (Jabatan Bomba dan Penyelamat Malaysia, 2013) by the Malaysian Fire and Rescue Team is a rescue concept related to the crisis in the context of *crisis disaster management*. However, for the Roberts model (Roberts, 1990) and Gilliland model (James & Gilliland, 2005), the two crisis intervention models are in the context of crisis counselling.

The R.E.C.E.O model emphasizes key safety aspects to victims as well as the firefighters involved with the crisis management. The most significant difference between the R.E.C.E.O model and the other two models are that the R.E.C.E.O model has no stage in building relationships with individuals who experience a crisis. However, the first stage in managing the critical incident is to focus on rescuing victims and individuals are involved in the crisis. In particular situations, firefighters need to act in accordance with the prescribed emergency response time where immediacy is very important and agility in action is urgently needed.

There are some similarities discovered between the R.E.C.E.O model by the Malaysian Fire and Rescue Team with other crisis intervention models. In the second

stage of the R.E.C.E.O model, ‘Exposure’, firefighters assess whether or not other potential hazards may occur as a result of the ongoing emergencies. In the models of crisis intervention by Roberts and Gilliland, exposure is very similar to the process of identifying the causes lead to one’s experience of a crisis. The crisis have caused them to behave out of sorts in everyday life. As a rescuer or a counsellor, carrying out rescue operations or crisis counselling is necessary for those involved to identify the causes of the crisis and to assess whether or not the crisis may provide long-term effects on the victims so that immediate assistance can be given to them.

In addition, at the ‘Confinement’ and ‘Extinguishment’ stages in the R.E.C.E.O model, both models can be analogous to such an alternative building stage, appropriate action planning and implementation of the planned actions as stipulated in Roberts and Gilliland’s models. In the rescue and extinguishing operations, firefighters and rescue teams will conduct action plans and explore alternatives to suppress the greater fire ahead which may have a worsening impact on victims affected by the critical incident. This is also factual for the confinement in crisis counselling. In a crisis counselling, counsellors and clients will jointly plan alternative collaborative actions that are appropriate for the client to prevent the crisis from continuing to influence the client’s life.

In the ‘Extinguishment’ stage, the action plan is implemented by the firefighters by initiating a fire extinguishing process in the form of an offense. It should be noted that the fire extinguishing process will only take place after all the potential hazards have been carefully assessed. It is also important to recognise that the fire-fighting plans are carefully devised by firefighters. If a fire extinguishing plan ‘A’ is not feasible, the firefighters will switch to a fire extinguishing plan ‘B’, depending on the situation and circumstances during the incident. In crisis counselling, the clients will implement their action plans that have been designed with the counsellors in the counselling sessions. Any decision and selection of an alternative action shall be made by the client himself and the selected action shall be voluntary and executable by the client.

Moreover, in crisis counselling, it is important for counsellors who conduct the counselling sessions to do a follow-up review of the clients’ progress who come to them. However, in the Critical Incident Stress Management (CISM) program, this follow-up review process is called ‘Debriefing’, which is different from the other follow-up process in terms of implementation. Furthermore, in a critical incident, this process is implemented after the traumatic events and the acute phases of the crisis end. It can be understood as a small group discussion aimed at reducing the stress levels of those involved in the crisis and bringing about group cohesion and unit performance (Mitchell & Everly, 2001). The Post-Incident Stop Centre (PSPI) will be set up by the firefighters at the scene of a crisis incident. It is for the reason that one of the debriefing processes in which the firefighters execute a post-mortem and restore

the spirits of the members who may be under pressure after an exhausting rescue operation and extinguishing big fire. Consequently, those who are involved in the rescue and firefighting operations will be able to behave properly as usual in everyday life after experiencing the crisis.

Advantages and disadvantages of models

In general, each model has its advantages and disadvantages. The R.E.C.E.O model used by the firefighters also has its advantages and disadvantages.

One of the advantages of R.E.C.E.O model is that it is designed based on the needs of the crisis itself and it is a universal model used by all firefighters around the world. In Critical Incident Stress Management (CISM), the R.E.C.E.O model is implemented based on the needs of the event. The primary mechanism to execute during a catastrophic incident is to ensure that the scene is vacated and the survivors of the crisis involved are rescued as soon as possible. Rescue teams such as firefighters, soldiers, policemen and medical teams are usually the first parties responsible for the critical incidents. Other parties will not be allowed to enter the area without having the permission from officials at the scene. This phase is named the 'Heroic' or 'Rescue' phase, where the primary focus of the crisis management is initially to rescue the victims who need help. Moreover, immediacy on the early impact of this catastrophic incident requires agility and skilled teams to act to rescue the lives of those involved in the crisis.

Furthermore, in the management of a critical incident, the debriefing process is seen as one of the best processes ever embodied in crisis intervention. In a critical incident, it does not only exert pressure on the fire victims, but also on the fire and rescue teams. Dealing with stressful situations such as going through burning flame, endangering one's life to save others and extinguishing the fires will necessarily affect the physical, emotional, and cognitive functions of the firefighters involved. A small group discussion is then created to encourage high-resilience of fire and rescue teams against stress and to reassure them to recover from the traumatic experience during the extinguishment and rescue operations. Getting assistance from other colleagues, the firefighters may return to their daily lives and behave normally. PSPI is one of the initiatives created by the Malaysian Fire and Rescue Team in order to implement this debriefing process.

Meanwhile, in terms of the disadvantages in the R.E.C.E.O model, this model is not a general crisis intervention model mentioned in Roberts and Gilliland's models which involve the implementation of counselling sessions. Therefore, in the early stages of the crisis, the role of counselling is not very important and the more important thing is to fulfil the physiological (food and drink) and security (shelter and clothing) needs of the victims. One of four weeks after the critical incident ends, if there are victims who still cannot overcome their traumatic experience, a crisis counselling intervention can be implemented (Roberts & Ottens, 2005). According to the subject of the study after experiencing

the rescue process, fire victims will usually be rushed to a hospital and treated by the doctors. If the doctor identifies that a patient has post-traumatic stress disorder and depression due to the experience of the crisis, the doctor will refer the victim to visit a psychiatrist, clinical psychologist or counsellor. Therefore, firefighters are not directly linked to the counsellor, particularly in crisis counselling interventions.

Conclusion

R.E.C.E.O is a crisis intervention model or rescue and extinguishing procedure that has been well utilized by fire officers from the Fire and Rescue Department of Malaysia. It should be understood that the intervention approach in Crisis Counseling and Critical Incident Stress Management is different from one another. As statutory bodies and security agencies have laws and regulations that need to be complied with, standard operating procedures (SOPs) should be the reference of the firefighters in their rescue and extinguishing operations. Furthermore, firefighters must also provide and consider the best measures before implementing the planned actions. Nevertheless, elements of crisis counseling are also identified in certain situations such as persuasion given to individuals who are attempting suicide. However, the art of persuasion that they have is not learned from counseling courses but from their experiences in dealing with the same incidents many times. Most of the basic skills of crisis counseling practiced by the firefighters are based on their own working experience which requires them to master such skills. Some firefighters never attend or follow any counseling courses throughout their service. As one of the best proposals, officers involved with counseling, psychology, medicine and other security agencies may work together to jointly create organized courses aimed to strengthen their field of service. Sharing their knowledge or understanding of what should be done in critical incidents or crisis as well as the contributions of counselors in critical incidents is fundamental.

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