

## **CRITICAL INCIDENT STRESS MANAGEMENT** (No.29 October 2014)

**1865**

### **INTRODUCTION**

(No.29 October 2014)

**1865.1**

Critical Incident Stress Management (CISM) is a comprehensive, integrated, systematic, and multi-component approach to managing traumatic events. This process is widely accepted by emergency response organizations across the United States and is supported by the International Critical Incident Stress Foundation (ICISF).

CISM is designed to help people deal with their trauma one incident at a time, by allowing them to talk about the incident when it happens without judgment or criticism. The emphasis is always on keeping people safe and helping affected individuals restore adaptive function.

The Department recognizes that during the course of duty, employees may become involved in or be exposed to incidents which have the potential for causing emotional and psychological distress. These traumatic incidents may cause unusually strong emotional reactions and may interfere with a person's ability to function either during the incident or after the incident. They are known as "critical incidents." Units shall have a procedure in place to assist employees affected by such incidents.

### **CRITICAL INCIDENT DEFINITION**

(No.29 October 2014)

**1865.2**

A "critical incident" is a traumatic event that has the high potential to create significant psychological distress in otherwise healthy people. These potentially disturbing emotional reactions have the possibility to later interfere with the job performance and family relationships of those who were involved, or with those who witnessed the critical incident. CISM assessments and possible interventions should be requested when any of the following events occur:

- Line of duty death
- Suicide of a colleague
- Serious line of duty injury
- Multi-casualty / disaster / terrorism incidents
- Law enforcement shooting / accidental killing or wounding of an innocent person
- Significant events involving children
- Personally threatening situations
- Events with excessive media interest
- Events that are prolonged and end with a negative outcome
- Significantly powerful, overwhelming, distressing event for those who are exposed to it

Since everyone involved in, or who has witnessed, a traumatic event reacts differently, CISM assessments and interventions are appropriate whenever requested by an employee or supervisor.

## **PURPOSE OF CRITICAL INCIDENT STRESS MANAGEMENT 1865.3**

(No.29 October 2014)

We all have some level of stress in our daily lives. Without stress, we would lack the motivation to face and overcome challenges in life that allow all of us to grow as individuals. However, distress from exposure to traumatic events can be difficult to live with, especially when these occasions produce strong feelings of fear or helplessness.

After a significant traumatic experience, many individuals feel frightened, sad, anxious, and disconnected. It is very common to have bad dreams, and some find it difficult to stop thinking about what happened. For most people, however, these symptoms are short-lived. If, over time, and through self-care these reactions do not fade, then some degree of assistance may be needed.

Exposure to untreated critical incident stress has the ability to cause substantial short and long term effects and impact personal and/or professional lives of first responders. However, the impact of critical incident stress does not affect everyone in a uniform manner, and what may affect one individual may not affect another. Some of the risk factors for how someone may or may not cope with a critical incident includes other trauma experienced earlier in life, inherited personality traits, and/or possible issues of anxiety and depression.

All first responders need to understand that the adverse emotional effects from critical incident stress should not be considered a sign of weakness, because everyone has the potential to be at risk. These are normal reactions to abnormal events. It is important to seek help right away after a critical incident has occurred. The sooner critical incident stress is confronted, the easier it is to overcome. As such, CAL FIRE is dedicated to supporting all employees in their emotional recovery when and as critical incidents occur.

## **SERIOUS ACCIDENT REVIEW**

**1865.4**

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Any serious accident or near miss event that results in a Departmental review should also be evaluated for potential CISM needs of involved personnel. The Serious Accident Review Team (SART) Leader and SART Lead Investigator shall be consulted prior to the initiation of any CISM intervention, so as to ensure the integrity of the incident review process and ensure that the emotional well-being of all involved employees are appropriately supported under CISM protocols.

Care should be taken to not worsen potential stress associated with critical events by isolating involved employees. Consideration should be given to the provision of peer support in advance of the arrival of the SART on an “as needed” basis. Peer Support Representatives providing assistance to involved employees shall not discuss any factual details related to the incident with those they are supporting until such time as the SART interviews have been completed and/or permission has been obtained from the SART Leader and SART Lead Investigator. “At risk” employees, those who are most symptomatic with respect to the effects of traumatic stress, should be identified and prioritized to be interviewed as early as possible in the SART process. This will provide for faster access to CISM interventions and increase the probability of success for involved employees returning to adaptive function.

SART members are not immune to the effects of critical incident stress because of their direct contact to testimony and evidence pertaining to the strong fear, helplessness, or horror experienced by employees involved in a critical incident. SART members have full access to all CISM support if requested and Peer Support Personnel should follow up with SART members at regular intervals after the incident to ensure that appropriate CISM support is taking place.

## **CRITICAL INCIDENT STRESS MANAGEMENT**

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CAL FIRE supports the CISM methodology sponsored by the ICISF as the current best approach for helping Department employees who are exposed to critical incident stress. ICISF has historically set the industry standards for CISM by providing leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services.

The effectiveness of CISM in helping first responders is based on the model that this program should be peer-driven and clinician-guided in its basic approach for supporting affected employees. CAL FIRE uses different combinations of trained CISM peers, volunteer Fire Chaplains, and mental health professionals to support emergency response professionals and other involved employees, depending on the circumstances of the critical incident.

Possible CISM interventions range from the pre-crisis phase, through the acute crisis phase, and into the post-crisis phase. CISM is also considered comprehensive in that it consists of interventions which may be applied to individuals, small functional groups, large groups, families, organizations, and even communities. The core components of CISM, as defined by ICISF, include:

1. Pre-crisis Preparation. Includes stress management education, stress resistance, and crisis mitigation training for both individuals and organizations.

## 2. Large-scale Support Programs:

- Rest Information Transition Services (RITS): A brief intervention prior to release of employee(s) following a large-scale incident or disaster. The purpose is to provide information and receive a rest break before returning home or resume to non-disaster response related duties. RITS provides an opportunity to assess the employee to see if additional support is needed.
  - Crisis Management Briefings (CMB): A large group meeting to provide information about the incident, control rumors, discuss potential symptoms of distress and the components of stress management, and identify available resources for affected individuals who may later elect to seek CISM support.
3. Defusing: A shorter, informal version of the debriefing process, the defusing is conducted shortly after the incident, preferably during the same shift. Most incidents that are defused do not need to be debriefed. This is a three-phase, structured, small, homogenous group discussion provided within hours of a crisis for the purposes of assessment, triaging, and acute symptom mitigation. This meeting is usually less than an hour.
  4. Critical Incident Stress Debriefing (CISD): Referred to as "Mitchell Model," CISD is designed as a seven-phase, structured group discussion. CISD is usually conducted one to ten days post crisis by employees qualified as critical incident stress debriefers, designed to mitigate acute symptoms, assess the need for follow-up, and accelerate normal recovery processes to provide, if possible, a sense of post-crisis psychological closure. The support of a mental health professional should always be requested when conducting a CISD. The use of volunteer fire chaplains is also a key component to be requested when conducting a CISD.
  5. Individual Crisis Intervention: One-on-one counseling or psychological support throughout the timeline of the critical incident.
  6. Family Crisis Intervention: Includes organizational consultation, as needed.
  7. Follow-up and Referral: Intervention components for follow-up assessment and treatment, if necessary. This can include use of EAP therapists and mental health providers found through the employee's health insurance, and other specialized programs specifically structured to support first responders in recovering from the effects of post-traumatic stress such as the West Coast Post-Traumatic Retreat.

Although critical incident stress cannot always be prevented, long-term problems can usually be mitigated or prevented through a properly designed program using these CISM interventions.

The effects of critical incident stress may not be symptomatic in some individuals for weeks, months, and possibly years after involvement or exposure to a significant traumatic event. Individuals identified as “at risk” for the harmful effects of critical incident stress should be evaluated by a Peer Support Program member at one week, one month, and six months after any significant traumatic event has occurred to ensure appropriate support is available.

## **CRITICAL INCIDENT STRESS DEFUSING/DEBRIEFING MODELS**

**1865.6**

(No.29 October 2014)

## **DEFUSINGS**

**1865.6.1**

(No.29 October 2014)

## **DEFUSING EXPECTATIONS**

**1865.6.1.1**

(No.29 October 2014)

The rules for defusing will include, at a minimum, the following:

- A defusing should be conducted immediately after the critical incident, and the ideal period of time is within 8 hours of the critical incident, as well as on the same day. If it is not possible to hold the defusing within these guidelines, a defusing may occur using the same timeline as a CISD. The key is early intervention and education of symptoms that may be experienced.
- Attendance at a defusing shall be strongly suggested for all CAL FIRE employees who were directly exposed to the traumatic aspects of an incident.
- Individuals will NOT be forced to speak during a defusing.
- Care should be taken to form groups with individuals who share common experiences with regard to the critical incident.
- Participants shall be encouraged to keep all statements, opinions, and discussions confidential during the defusing. No note taking or recording is allowed.
- The focus of the defusing should be on the emotional response to the critical incident and not a critique or after action analysis of incident operations. CISD facilitators should control the group environment to allow everyone to safely share their experiences without fear of verbal attacks or personal criticisms.
- Qualified critical incident stress debriefers can perform defusings but they should be aware of their personal limitations, and they should call for assistance from a more experienced peer if the situation warrants. Peers involved in the critical incident as first responders should not perform the defusing for the group.
- Peace officers who are trained in peer support and are qualified as a CISD, shall be utilized, whenever possible, for direct employee contact with other peace officers during a CISM activation.

- Defusings should be held in a comfortable atmosphere, free from distraction and interference. All parties are encouraged to remain in the defusing until its conclusion.

## **THREE STAGE DEFUSING**

**1865.6.1.2**

(No.29 October 2014)

1. Introduction: Introduce intervention team members, explain the process, and set expectations.
2. Exploration: Participants discuss their traumatic experience with regard to the known facts, cognitive reactions, emotional reactions, and any symptoms of distress they may be feeling.
3. Information: Intervention team members will attempt to “normalize” the participants’ experience from the traumatic event by providing education on stress, stress management, and trauma.

## **DEBRIEFINGS**

**1865.6.2**

(No.29 October 2014)

## **PREBRIEFING OBJECTIVES**

**1865.6.2.1**

(No.29 October 2014)

1. Permit the CISD members, mental health clinicians, and volunteer Fire Chaplains an opportunity to go over all known facts, rumors, and data concerning the event.
2. Develop a strategy for the debriefing:
  - (a) Decide upon a group leader.
  - (b) Develop any signs or signals that may be needed during the debriefing.
  - (c) Establish team member roles that each will take during the CISD.
3. Arrange the CISD setting.
4. Ensure that the associated response units are out-of-service and that the participants will not be called out during the CISD process.

## **SEATING ARRANGEMENTS**

**1865.6.2.2**

(No.29 October 2014)

1. Chairs are typically placed in a circle, close enough to accommodate all participants, but not so close as to be uncomfortable.
2. Doors to the debriefing area should be closed but not locked.

3. A peer shall act as a monitor for the debriefing. The monitor's responsibility is to ensure the right people are in the debriefing. The ideal placement of the monitor is near the door to check on any person who has left the debriefing and not returned. In such a case, the monitor will attempt to "negotiate a return" of the person to the debriefing, but will not attempt to force the return of any individual not wishing to do so. In the event that an individual does not wish to return, the monitor should attempt to offer one-on-one assistance.

## **CISD EXPECTATIONS**

**1865.6.2.3**

(No.29 October 2014)

- CISM team members, volunteer fire chaplains, and mental health clinicians should travel to the central location of affected employees.
- Participants shall be encouraged to keep all statements, opinions, and discussions made during the defusing confidential. There is no note-taking or recording allowed.
- Attendance at a debriefing shall be strongly suggested for all CAL FIRE employees who were directly exposed to the traumatic aspects of an incident.
- Individuals will NOT be forced to speak during a CISD.
- No one should be criticized for how he/she feels. Instead, individuals should be allowed free expression of feelings with acceptance, support, and understanding from other participants.
- Participants may only comment about their own thoughts, feelings, or reactions. No one talks for another.
- Peace officers who are trained in PSP and are qualified as a CISD shall be utilized for direct employee contact with other peace officers during a CISM activation whenever possible.
- Employees are encouraged not to leave the debriefing once it is in progress.
- CISD is not a forum for the critique of the Department or the operations at the incident.
- No media coverage of the CISD process shall occur.
- Location of the CISD should be in a quiet location.
- Pagers or cell phones are to be turned off, and the participants shall not be disturbed during the debriefing process.
- The wearing of uniform shirts should be discouraged to minimize the influence of rank during the debriefing process; everyone should be treated as equals.
- The CISD Team is NOT part of any investigation. It is only interested in the participants' emotional welfare.
- Only those involved in the incident and CISM Team members will be present.
- Participants are encouraged to ask questions.

- A mental health clinician shall be utilized during the CISD process whenever possible, and should be requested to be on site early in the CISM mobilization if a debriefing is anticipated. Having a clinician on site early in the process allows the therapist time to understand relevant elements of the traumatic event, and work directly with employees impacted by the critical incident. In addition, early contact with a clinician allows the time necessary to build the team cohesion between the mental health professional and the rest of the CISM team members that are essential for a successful debriefing to occur.
- A CISD is a group support process. All CISD participants will be offered assistance in finding mental health professionals once the CISD session is completed.

## **SEVEN-STAGE CISD**

**1865.6.2.4**

(No.29 October 2014)

1. Introductory Phase: To introduce intervention team members, explain process, and set expectations.
2. Fact Phase: To describe traumatic event from each participant's perspective on a cognitive level.
3. Thought Phase: To allow participants to describe cognitive reactions and to transition to emotional reactions.
4. Reaction Phase: To identify the most traumatic aspect of the event for the participants and identify emotional response.
5. Symptom Phase: To identify personal symptoms of distress and transition back to cognitive level.
6. Teaching Phase: To create a group learning environment about the normal reactions and possible adaptive coping mechanisms (i.e., stress management) following trauma.
7. Re-Entry Phase: To clarify any ambiguities and prepare participants for the conclusion of the CISD.

## **POST DEBRIEFING ACTIVITY OBJECTIVES**

**1865.6.2.5**

(No.29 October 2014)

- Identify and communicate follow-up needs.
  - a. Peer-to-peer
  - b. Mental Health Professional (MHN) referral

- Debrief the CISM team members to allow them to address the effects of their exposure to critical incident stress experienced during the debriefing process.

## **CISM PROGRAM REQUIREMENTS**

**1865.7**

(No.29 October 2014)

### **OVERVIEW**

**1865.7.1**

(No.29 October 2014)

Each Unit shall establish a CISM program based on local needs, availability of services, cost factors, etc. Units may want to combine CISM teams with neighboring Units or other emergency service providers. In each case, these programs must meet the requirements outlined in this handbook section.

All Units shall have policies and procedures for their CISM programs which, at a minimum, will be consistent with the following:

- Each Unit shall appoint a CAL FIRE staff person to serve as the CISM Team Coordinator, qualified as a Critical Incident Stress Leader (CISL), and who will be granted the authority of the program.
- Units must have a written Emergency Command Center (ECC) procedure on how to request CISM response for both simple, as well as complex critical incidents. Incident Commanders are encouraged to contact the ECC as soon as the incident occurs, if CISM intervention or activation is anticipated. Procedures must also include a method for notifying the CISM Team Coordinator so that appropriate resources can be ordered, available, and functioning in a timely manner.

### **CISM TEAM COORDINATORS**

**1865.7.2**

(No.29 October 2014)

The profile of the Unit CISM coordinators will include the following responsibilities:

#### FUNCTIONS

- This position should be qualified as a CISL.
- Coordinate with their respective Employee Support Service Battalion Chief as needed.
- Manage all matters relating to CISM activities at the Unit level.
- Maintain records of team activities.
- Assist in recruitment of new team members.

- Develop field education in this area, and provide opportunities for team members and local mental health professionals that are identified on the Emergency Resource Directory (ERD) to train together in their CISM roles.
- Assist ERD listed mental health professionals in becoming familiar with the mission of CAL FIRE, and address the potential stresses our employees face as they carry out their duties as first responders. Opportunities to observe Departmental employees during actual training operations by mental health clinicians are an excellent venue for this type of interaction to occur.

## **CISM BRANCH DIRECTOR / CISL**

**1865.7.3**

(No.29 October 2014)

The CISM Branch Director position is usually required to be present on complex critical incidents, such as a line of duty death, serious line of duty injury, law enforcement involved shooting, or a multi-casualty incident. The person in this position within the Incident Command System organization must be fully qualified as a CISL. The CISM Branch Director is directly responsible for all operational elements necessary to provide appropriate and timely CISM interventions for each individual who is psychologically and emotionally impacted by a critical incident. The CISM Branch Director is the single point of contact for all requests from the Incident Commander (IC) for CISM services and responsible for the appropriate assignments and duties of all CISM resources involved in the incident. Due to the highly specialized nature of the program, the CISM Branch Director reports directly to the Operations Section Chief or IC.

### FUNCTIONS

- Meet with the Unit Chief or the Unit designee to receive a briefing on concerns and expectations.
- Identify target employee(s) and the potential family member(s) at risk who may need psychological and emotional assistance.
- Determine the type of assistance needed by each target group, as well as the timing and circumstances when the assistance would be most effective.
- Identify themes, issues, and concerns that will be considered to build the right intervention packages.
- Request CISM resources to provide appropriate intervention at the right time.
- Develop an Incident Action Plan to meet the CISM operational needs.
- Ensure that all CISM personnel are adequately debriefed for each operational period and at the conclusion of the activation.
- Ensure there is common communications between all personnel in the CISM Branch (i.e. cell phones, radios, etc.).
- Attend all staff briefings and planning meetings as required.

- Ensure adequate numbers of CISM personnel are present at all times to allow for rest and proper rotation of personnel.
- Maintain an accurate Unit/Activity Log (ICS Form 214). Comments should not contain confidential information.

## **MENTAL HEALTH PROFESSIONAL**

**1865.7.4**

(No.29 October 2014)

Employee Support Services (ESS) shall provide each Unit's Emergency Command Center with an updated list of mental health clinicians. This contact information is to be included on each Unit's Emergency Resource Directory (ERD). Units are encouraged to contact the mental health professional directly from the ERD for critical incidents, when needed. These clinicians have been vetted as having significant experience working with emergency response agencies and are well trained in current CISM protocols.

The Mental Health Professional reports directly to the CISM Branch Director/CISL. He or she shall be a licensed professional, trained and experienced in CISM, and experienced in counseling emergency services personnel.

A follow-up phone call by the Unit's Peer Support/CISM Coordinator to the 24 Hour ESS Support Line (916-445-4337) is required because ESS serves as the single point of contact for billing purposes. The cost for each mental health professional is billed to ESS or to the incident, and not to the Unit.

The profile of the mental health professional will include the following:

### FUNCTIONS

- Supervise and advise on all clinical aspects regarding CISM interventions utilized during the incident.
- Ensure the quality of service.
- Offer clinical support and program guidance to the CISM Coordinators.
- Provide guidance to PSP representatives.
- Assist in training exercises and provide ongoing continuing education.
- Provide possible one-on-one counseling during a CISM mobilization and serves in a shared leadership role during the debriefing process.
- Can be referred to as a possible EAP therapist specializing in CISM after the incident is completed.

## **CISD TEAM MEMBER/ PEER SUPPORT PERSONNEL (PSP) 1865.7.5** (No.29 October 2014)

Team members shall be qualified as CISD or working as a trainee under the supervision of a qualified CISD. Refer to the Peer Support Program (Section 1862) for a full description of the duties, responsibilities, and expectations concerning peer support personnel trained at the CISD level.

### FUNCTIONS:

- Provide peer support and basic education to affected employees and their families.
- Assist in obtaining referrals to mental health professionals when appropriate.
- Serve as a member of CISM teams in the performance of ICISF identified interventions upon request.
- Participate in CISM team training and follow the directions of the CISL.

## **COMPANION OFFICER NETWORK 1865.7.6** (No.29 October 2014)

The Companion Officer Network consists of CAL FIRE peace officers who have volunteered to serve as a PSP representative with additional specialized training to support fellow peace officers involved in critical incidents, especially those pertaining to officer involved shootings. The use of deadly force is a consequential traumatic event for the officer(s) involved, due to the complex potential interaction of psychological, legal, administrative, media, and community effects. Having properly trained peer support available before these types of events occur is essential to the emotional recovery for both the officer and his or her family.

This network is established at the statewide level to ensure operational readiness if law enforcement related critical incidents were to occur. The protocol for each member of the Companion Officer Network is to be available to serve in all other duties expected of the PSP volunteers at the Unit level.

The names and contact information for each Companion Officer Network member can be found on the Employee Support Service intranet website, and requests for a Companion Officer Network member can also be made on the ESS 24/7 Help Line.

The Deputy Chief for Employee Support Services is responsible for serving as the administrator for the Companion Officer Network.

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