

Insert date

Policy: Mental Health Support for Responders

Purpose.

The purpose of this policy is provide mental health support to responders and their families in order to mitigate the impact of an incident, accelerate the recovery process, reduce the effects of traumatic incident stress on responders and their family members, and provide for additional or alternative mental health services as required.

Definitions.

- A. **Critical Incident Peer Support (CIPS).** Critical Incident Peer Support (CIPS) is a program in which peers, or “people of mutual respect” help each other, i.e., firefighters helping firefighters. The shared experiences of peers foster the initial trust and credibility necessary for developing relationships in which individuals are willing to open up and discuss their reactions and concerns after a critical incident.

Peer relationships are effective because they are built around this mutual understanding, respect and trust, which is the foundation of the CISM program. These commonalities contribute to the credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems despite concerns about stigma.

- B. **Critical Incident Stress Management (CISM).** Critical Incident Stress Management is a comprehensive, integrated, systematic and multicomponent crisis intervention program. It was developed to help manage traumatic experiences within organizations and communities. CISM is a “package” of crisis intervention tactics that are strategically woven together to: 1) mitigate the impact of a traumatic event; 2) facilitate normal recovery processes in normal people, who are having normal reactions to traumatic events; 3) restore individuals, groups and organizations to adaptive function; and to 4) identify people within an organization or a community who would benefit from additional support services or a referral for further evaluation and, possibly, psychological treatment.

Critical Incident Stress Management is the selection and implementation of the most appropriate crisis intervention tactics to best respond to the needs of the situation at hand. CISM has multiple components that can be used before, during, and after a crisis. These components includes a wide range of various activities including pre-incident education (PIE) which includes resiliency, planning and preparedness, acute crisis management, and post - incident follow up. The purpose of CISM is to mitigate the impact of an event, accelerate the recovery process, and assesses the need for additional or alternative services. Crisis intervention, which is a component of an overall CISM program, is provided through trained

and carefully selected peer supporters and licensed Mental Health Professionals (MHP) who specialize in trauma.

- C. **First Responder Support Network.** The First Responder Support Network provides educational treatment programs to promote the recovery from stress and critical incidents experienced by first responders and their families. www.frsn.org
- D. **Post-Traumatic Stress Disorder (PTSD).** Post-traumatic stress disorder (PTSD) also known as Post Traumatic Depression, is a debilitating mental disorder that sometimes follows when a person has directly experienced or witnessed an extremely traumatic, tragic, or terrifying event. PTSD often manifests after a situation where people are left feeling unable to cope with the happenings of a traumatic incident.
- E. **Psychological First Aid.** Psychological First Aid is a short-term intervention that uses established mental health techniques to lessen adverse emotional conceptions often caused by sudden or prolonged stress.

Authorities.

- None noted

Applicability.

- A. This policy applies to all officers, responders, staff and family members of *insert name of agency and jurisdiction*.
- B. The *insert name and title of position*, (office: *insert telephone number*; email: *insert here*) serves as the licensed mental health professional for the *insert agency name and jurisdiction*.

Support Components.

The *insert jurisdiction* will provide for the mental health support of its responders to mass casualty incidents that include significant criminal incidents, Active Shooter, or terrorist attacks.

A. Pre-Incident Preparation.

(Planning, policy development, education, training)

- **Mental Health Professional.** The *insert name of agency* will appoint/contract for the services of a licensed mental health professional trained in Psychological First Aid and who is understanding of the first responder culture. This individual will coordinate services for the officers in the department and encourage responders to take advantage of services available.

Each employee in the *insert name of agency* will be issued and will carry a “business card” with the licensed mental health professional’s 24/7 contact information to be carried on their person.

- *Establish Agreements to Access Additional Mental Health Resources.* The *insert name of agency* clearly understands that large traumatic incidents may require access to additional licensed *mental* health assets and resources to adequately provide services to its officers. The *insert name of agency* will enter into Memoranda of Agreement with other jurisdictions/agencies to provide and access additional mental health support professionals following traumatic incidents.
- *Incident Planning Considerations.* Incident Commanders and agency supervisors will seek to reduce the impact of the incident on responders by integrating protocols to reduce the impacts of stress into agency Standard Operating Procedures (SOP) for incident response:
- *Family Support Plan.* To eliminate any stress that may arise from responders' worries regarding their personal responsibilities and families' welfare, each employee of the *insert name of agency* is required to develop a Family Support Plan to ensure family members are provided adequate support and coverage of possible financial concerns that might arise during absence or hospitalization of the responder. Arrangements should also be prepared for care of pets. Supervisors are responsible for checking and ensure that employees in their charge have an up-to-date Family Support Plan.
- *Peer Support Program.* The *insert name of agency* will establish a formal program to provide support for individual officers. The agency will select and train officers to provide support and guidance to others.
- *Briefing on Mental Health Services Available to Responders.* The *insert name of agency* will mandate attendance of all responders at an annual information briefing on mental support services available following a significant emergency, active shooter incident, terrorist attack, or other mass casualty incident. The briefing will be conducted within days of the incident, and will serve to provide information and handouts on availability and access to services, for all responders.
- *Voluntary Mental Health Screening for First Responders.* The *insert name of agency* will provide voluntary mental health screenings for responders to include: law enforcement officers, fire services personnel, public works employees, communications personnel, and other responders engaged in incident response. Within the South East Texas Regional Planning Commission, these screenings are typically provided by the *insert name of agency*. These screenings will be publicized through internal department information papers and flyers, shift briefings, and *insert other*.

B. Incident Management

Command Considerations. In order to reduce the impact of the incident and minimize stress to responders, Incident Commanders should consider the following:

- *Shift Limits.* Impose shift limits of 12 hours on responders.

- *Task Rotation.* In order to limit personnel burn out in high-stress situations, supervisors should rotate tasks among responders.
- *Implement Breaks.* Due to the intense nature of the response efforts, leaders should require that responders take periodic breaks. These can be staggered among teams to ensure response efforts continue unabated.
- *Water and Food.* Ensure that all responders are provided nourishment with breaks to eat. Provide and ensure they drink sufficient amounts of water to stay hydrated.
- *Implement a Sleep Schedule.* During prolonged incidents, enact a sleep schedule to ensure that all responders are afforded at least six hours sleep per day.
- *Peer Partners.* Work as a team or in pairs as a minimum. Consider assigning responders in at least two-person teams. Use peer partners if they have already been established. Do not allow a responder to work alone for any extended period.
- *Be cognizant of possible Personal Relationships.* Responders on-scene may know the victims they are assisting or the decedents they recover. Should this occur, leaders may consider moving the responder off-scene, providing the responder a break, connecting the responder with a mental health professional, and/or moving the responder to another duty assignment.
- *Delay Report Submissions.* Do not require the first on-the-scene officers file their reports on the day of the incident.
- *Limits to Follow-on Assignments.* Do not ask or assign those responders who were part of the initial response or who worked the crime scene to support victims' families or conduct death notifications.
- *Respite Area/Center for First Responders.* *Insert name of agency* may establish a Responders Respite Area/Center to help address responders' physical, psychological, and spiritual needs. The Respite Area/Center provides responders with a place to rest with access to food and beverages, obtain news and updated, receive information briefings regarding the emergency response, and communicate with loved ones. Responders are offered access to experienced counselors with 24/7 telephone number to facilitate continued emotional support and mental health services.

The Respite Area/Center is typically located in geographical proximity to the disaster site. This respite area will be placed off limits to media and located away from the Family Assistance Center or Family Resilience Center.

C. Incident Aftermath.

In the aftermath of an incident, *the insert name of agency* will provide the following in mental health support:

- *Out Brief.* Supervisors will ensure that each responder and civilian staff member checks in with and speaks to a mental health professional before ending their shift during incident response. Supervisors conducting these check-ins should do so in accordance with the information provided at Tab B, “*How to Assist a Fellow Officer after a Critical Incident.*”
- *Peer Support Sessions.* Peer support should be initiated immediately following a traumatic event, ideally while the officer is still on duty. Peer support sessions for officers involved in an incident will be conducted with trained peer support officers. These sessions will be in a private meeting area, away from public view. Peer support meetings should not be conducted on-scene. Peer-support meetings will be conducted separately from organized agency debriefings. Peer support is designed to provide support for individual officers, not to discuss procedure or action.
- *Demobilization.* Within [redacted] hours of the incident, the *insert name of agency* will conduct an After Action Review/De-brief session with all responders covering actions taken during the incident. During this time, leaders (both government officials and agency executives) should highlight and emphasize the importance of their work, the responders’ achievements during the crisis, the number of lives saved, and other positive contributions.
- *Assign Peer Partners.* The *insert title* will assign Peer Partners, ensuring that each officer has an assigned peer partner of like rank. Peer partners should be provided information to be able to recognize stress reactions to intense situations, such as: difficulties sleeping, substance abuse, irritability or anger, numbing, confusion, depression or anxiety symptoms, and such physical reactions as headaches and loss of appetites.
- *Critical Incident Stress Debrief.* When a significant traumatic event has generated strong reactions in personnel from a particular homogenous group, a Critical Incident Stress Debrief (CISD) should be considered. The Critical Incident Stress Debrief is typically conducted 24-72 hours after the incident in small (about 20 people) homogenous groups. This Debrief is conducted by crisis response teams trained in the Critical Incident Management Program, using a specified 7-phase, small group, supportive crisis intervention process.

The CISD is in essence, small group “psychological first aid.” A CISD enhances participants’ resistance to stress reactions, builds resiliency or the ability to “bounce back” from a traumatic experience, and facilitates both a recovery from traumatic stress and a return to normal, healthy functions. This Debrief is not a “stand alone” event and should be used with the intervention techniques used under the Critical Incident Stress Management Program.

- *Mandatory Briefing - Mental Health Support Services.* Within [redacted] days following the incident, professional mental health counselors will provide a briefing to identify available mental health support services available to responders and their families. Attendance at this briefing is mandatory for all responders who participated in the incident response. This briefing should include a discussion of stress symptoms, warning signs, and referral

services. Responders will be provided with accompanying fact sheets and information papers for future reference.

- *Mandated Time Off.* Agency leaders should consider mandated time off for personnel, as practicable.
- *Temporary Closure of Personal Social Media platforms.* In the aftermath of the incident, and prior to release of incident video and reports, responders are advised to temporarily close their social media platforms to maintain privacy.
- *On-Site Mental Health Professionals.* The *insert name of agency* may invite mental health counselor(s) to be present at shift changes and scheduled meetings to ensure ready availability to responders during the first two-three weeks following a significant incident. The presence of the counselors and their willingness to meet with responders, either immediately following the meeting or at a scheduled time and date will be announced during each shift change and/or agency-wide meeting.
- *Comfort Dogs.* The *insert name of agency* will consider the use of trained Comfort Dogs. These trained therapy dogs bring comfort, love, and animal companionship to people of all ages in a variety of settings. Comfort or therapy dogs are registered through national registries such as the Alliance of Therapy Dogs. Documented benefits of therapy dog visits include: increasing levels of serotonin, prolactin, and oxytocin (feel-good hormones!); decreasing levels of cortisol (stress hormone); reduced incidence of depression; reduced loneliness; reduced levels of pain (emotional, physical, and spiritual); welcome change from routine; and animal companionship.

Family Support Services.

- *Family Members Briefing on Mental Health Services Available to Responders.* Annually, and following significant emergencies and incidents, a briefing will be offered to responders' family members and significant others. The presentation will identify common signs and symptoms of mental stress. Information will be provided on mental health services available for responders and their families.
- *Family Member Referrals to Mental Health Professional.* The *insert name of agency* will provide referral to an assigned, on-call mental health professional to respond to requests for information and assistance from family members of its responders. A list of mental health professionals in the South East Texas Region is found at **Tab C**. Family members in need of assistance may contact *insert name, telephone number, agency, address and email address*.
- *Anonymous Online Survey of Family Members.* The *insert name of agency* will conduct an anonymous online survey of family members asking for their observations to help

identify whether responders and families need additional support. (Sample Survey at **Tab D**)

- *The Significant Others and Spouses (SOS) Program.* The Significant Other and Spouses Program is a program of the First Responder Support Network, staffed by experienced mental health clinicians, significant others or spouses of first responders, and chaplains specifically trained in trauma recovery. SOS is a residential program for emergency responder partners and spouses who have been affected by their loved one's critical incidents (resulting in secondary or vicarious trauma), but may also be experiencing symptoms of depression or anxiety and need a program to address their needs. In addition, Significant Others and Spouses may have their own trauma histories, which are re-activated when their loved ones experience a traumatic event. Some attend SOS before their loved one attends WCPR, some after. Others attend SOS, yet their loved one (first responder) did not attend WCPR; some SOS attendees are divorced or widowed.

Follow-Up

The *insert name of agency* recognizes that each individual reacts differently to trauma and stress. Mental Health support services will be made available for the long-term.

- *Referral services.* Responders are encouraged to take full advantage of services offered by Mental Health professionals.

Follow-up meetings

- *One-on-One Meetings with a Mental Health Professional.* The *insert name of agency* will provide each officer and staff member an opportunity to meet informally with a mental health professional within the first two weeks following a mass casualty event. This meeting is a mandatory to eliminate any hesitance on the part of officers to ask for help. The meeting itself is designed to be an informal discussion with someone trained to help officers cope with their response to the incident. It should be emphasized that while this is a mandatory meeting, it is not an official fitness-for-duty test or a physical.
- *Follow-up meetings.* The *insert name of agency* will promote one-on-one meetings with Mental Health Professionals in the months following the incident. These follow-on meetings will be offered but not required.
- *Post Critical Incident Seminar.* Officers may apply/register to attend the Post Critical Incident Seminar. The PCIS is a three-day course offered at no charge to Texas Law Enforcement Officers and Tele-Communicators who have experienced highly traumatic events. The PCIS provides education on trauma, patterns of resolution, and field-tested coping strategies to promote recovery and resilience in a format used by the FBI since 1985.

Policy Review.

This policy will be reviewed by the *insert name and title* in January 2020.

EMERGENCY AND DISASTER RESPONSE WORKERS MANAGING AND PREVENTING STRESS

◆ COMMON REACTIONS TO A DISASTER INCIDENT

- No one who responds to a mass fatality incident is untouched by it
- Profound sadness, grief, and anger are normal reactions to an abnormal event
- You may not want to leave the scene until the work is finished
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time
- We each have different needs and different ways of coping
- Acknowledging our feelings helps us recover

◆ SIGNS THAT YOU MAY NEED STRESS MANAGEMENT ASSISTANCE

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- Limited attention span
- Unnecessary risk taking
- Tremors/headaches/nausea
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/ alcohol
- Unusual clumsiness

◆ WAYS TO HELP MANAGE THE STRESS

- Limit on-duty work hours to no more than 12 hours per day
- Make work rotations from high stress to lower stress functions
- Make work rotations from the scene to routine assignments, as practicable
- Use counseling assistance programs available through your agency
- Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene
- Take frequent, brief breaks from the scene as practicable
- Talk about your emotions to process what was seen and done
- Stay in touch with your family and friends. If possible, spend time with them.
- Participate in memorials, rituals, and the use of symbols as a way to express feelings
- Pair up with a responder so that you may monitor one another's stress

When to seek help: If self-help strategies are not helping or you find you are using drugs and/or alcohol to cope, you may wish to seek outside or professional assistance with your stress symptoms.

COPING WITH SLEEP DIFFICULTIES

Sleep difficulties are a frequent consequence of stress. Here are some recommendations for developing good sleep hygiene to reduce the likelihood of long-term sleep problems.

- Avoid stimulants. Try not to drink beverages or eat food (such as chocolate) or take medications containing caffeine 6-8 hours before going to bed.
- Avoid stimulating activity too close to bed time. Exercise can be very beneficial in managing stress. However it is best done 4-6 hours prior to bed. Avoid working out just prior to bedtime as exercise stimulates your body and can affect your sleep.
- Alcohol may help you fall asleep; however, alcohol interferes with REM sleep and may prevent you from sleeping through the night and getting restful and beneficial sleep. Do not depend on alcohol to help you get a good night's sleep.
- Sleeping pills are only a temporary treatment for sleep difficulties. You may feel worse the next day.
- Avoid heavy meals right before bed and decrease fluid intake in the evenings.
- Control your sleep cycle. Regardless of what time you go to bed, wake up at the same time each day, including weekends. **DO NOT TAKE NAPS DURING THE DAY.**
- Do not get into bed until you feel relaxed and sleepy.
- If you don't fall asleep in 20-30 minutes, get out of bed, leave the bedroom, and find a non-stimulating activity or task until you feel sleepy again.
- If you find you are unable to sleep due to reviewing stressful events in your mind or worrying about things that you need to do, get out of bed and try writing down what is going on in your head. Make a list of things to do; list the things you have already accomplished, etc. When you are finished, go back to bed if you have become sleepy. If not, find a relaxing activity until you do feel sleepy.
- Keep your bedroom dark, quiet, and at a comfortable temperature. Use the bedroom only for sleeping. Don't fall asleep in other parts of the house. If you are tired, go to bed.
- If you fall asleep but then wake up, do not turn on a bright light. If you are unable to go back to sleep after 20-30 minutes, get up and find some relaxing or non-stimulating activity until you are sleep again.

Do not worry if you have a few restless or sleepless nights after a stressful experience. This is normal. If you follow good sleep hygiene, your sleep difficulties will be less severe and will pass.

Tab B, “How to Assist a Fellow Officer after a Critical Incident.”

A mental health professional, supervisor, or fellow responder should check in as soon as possible with any responder who has been involved in a traumatic incident. This conversation can be brief and does not require specialized training – just common sense and genuine concern. Here are some of the steps you can take.

1. **Ensure safety.** Make sure that the responder is safe and uninjured. If the immediate threat has passed, ask if he or she needs medical care and provide reassurance of safety.
2. **Provide practical assistance.** Ask if there is any way you can help – food, water, a ride home, or a call to a family member.
3. **Offer to talk.** Let her or him know you are available to listen. For example, say, “*That was an awful situation. I’m sorry you had to go through it. Do you want to talk?*” If he or she does not want to talk, don’t be surprised and don’t push it.
4. **Listen attentively.** Some people will want to talk through what they experienced, and others will not. Don’t worry about fixing the problem, and don’t feel like you need to ask detailed follow-up questions.
5. **Reassure.** If an officer seems upset, reassure him or her that whatever reaction they are having is normal. You can also offer a hug. If they feel fine, that’s also okay. Say, “*There is nothing wrong with you. You are having a normal reaction to an abnormal situation.*”
6. **Make sure the officer gets home safely, and leave a number to call.** Before you leave, give the responder your phone number or the number of a 24-hour helpline – somewhere they can call day or night. Ensure that they are carrying the business card of the insert agency’s mental health professional.

Dos and Don’ts for supporting a fellow officer

Do	Don’t
<ul style="list-style-type: none">• Listen carefully• Be patient and sit with him/her for a few minutes• Encourage him or her to go home, get some sleep, eat, or call a friend.• Leave if asked to, but make sure to leave behind a phone number in case they want to talk later.	<ul style="list-style-type: none">• Tell him or her to suck it up and get back to work• Ask for details of the incident to satisfy your curiosity• Get side-tracked telling a story about your own experience

Tab C: Mental Health Referral Services in the *insert name of jurisdiction*

The following is a list of recommended health services providers in the *insert name of jurisdiction*:

TO BE DEVELOPED BY LOCAL MENTAL HEALTH AUTHORITY

Tab D: Training and Support Resources.

- **Basic Peer Support Training.** Part of the First Responder Support Network, Basic Peer Support Training is a three day course designed to provide students with an understanding of basic peer support skills, information about starting and maintaining peer support programs and other relevant and current information regarding stress, coping and treatment. www.frsn.org/education/trainings
- **Critical Incident Stress Management (CISM).** Critical Incident Stress Management (CISM) is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post-crisis follow-up. www.fletc.gov/critical-incident-stress-management-cism-peer-support-program
- **Post Critical Incident Seminar.** The Post Critical Incident Seminar is a three-day course offered at no charge to Texas Law Enforcement Officers and Tele-Communicators who have experienced highly traumatic events. The PCIS provides education on trauma, patterns of resolution, and field-tested coping strategies to promote recovery and resilience in a format used by the FBI since 2985. During this seminar, attendees share experiences with fellow officers who have been involved in traumatic incidents; give and receive support; understand trauma recovery methods by working with law enforcement-related mental health professionals; learn coping strategies to recovery from past trauma and build resiliency for future incidents; and train to use the Eye Movement Desensitization and Processing Technique to help resolve recurring trauma.

Officers typically attend this seminar conducted 3-6 months (no earlier than 3 months) after a traumatic incident. Spouses are also invited to attend. There is no registration fee for the seminar. Attendees receive 24 hours TCOLE credits. Travel, meals and lodging are paid for by the agency. www.lemitonline.org

- **Comfort Dogs.** The Lutheran Church Charities K-9 Comfort Dog Ministry is a national human-care ministry embracing the unique, calming nature and skills of purebred Golden Retrievers. LCC K-9 Comfort Dogs are working animals, trained to interact with people of all ages and circumstances who are suffering and in need. The LCC K-9 Comfort Dogs serve every day in the community in which they are placed and are dispatched in times of disaster and crisis to bring comfort to all those affected, including first responders and the volunteers who serve them. Lutheran Church Charities currently has over 130 LCC K-9 Comfort Dogs serving in more than 20 states. <https://www.lutheranchurchcharities.org/k-9-comfort-dogs-about.html>