

SAN LUIS OBISPO COUNTY
INTERAGENCY
CRITICAL INCIDENT STRESS
MANANAGMENT TEAM
OPERATIONS MANUAL

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CONFIDENTIALITY

The most important aspect of the CISM is the promotion of anonymity and confidentiality. CISM representatives should not be asked to give, nor shall the release identifying or confidential information about employees they support with the following exceptions:

- The individual utilizing CISM services authorizes such a release of information in writing to the CISM representative.
- A CISM representative is subpoenaed to testify in court or at a deposition.
- Where there is a reasonable suspicion that an employee utilizing CISM services is likely to harm him or herself or others unless protective measures are taken. CISM representatives shall take reasonable efforts to warn intended victim(s) if they witness threats of personal harm against others.
- CISM representatives shall be required to disclose information obtained from individuals utilizing peer support who admit that they have participated in employee misconduct if interviewed in any subsequent Departmental administrative investigations.
- CISM Team members will not offer reports on the illness, injury, or death of any incident. Any release of information must be approved by the incident commander.

CISM representatives must respect the employee- confidentiality policy, must be knowledgeable with the limits of confidentiality, and must communicate those limits to the employees being served. It is essential that CISM representatives advise employees of the level of confidentiality that they can offer.

TEAM ACTIVATION

- Any responder can activate the request for assistance.
- The incident commander, chief officer, or duty chief is responsible to determine need for any of the following team services.
- Initiate CISM services automatically for the Critical Incidents identified in the policy.
- All CISM Team members are to serve as lookout for peers and request CISM services when necessary.
- Send group page confirming contact has been made and identify CISM lead.
 - 1. Contact CAL FIRE/San Luis Obispo County Fire Dispatch emergency line at 805-543-4242**
 - 2. Dispatch will contact CISM Team Coordinator**
 - 3. CISM Team Coordinator will contact Agency for details and determine need(s) (intake form)**
 - 4. CISM team contacted via text message for deployment Critical Incident Services for emergency responders, chaplains, clinicians.**

AUTO/ MUTUAL AID RESPONSE

- SLO CISM Team members will submit required documents to Team Coordinator for ROSS.
- ROSS Qualified CISM Team Members may be available for regional dispatch.
- SLO CISM Team must be prepared to effectively interact with multi agency teams (local, state and federal) and serve as the Liaison for mental health service needs; both responder and civilian.
- During a significant event the SLO CISM Team has the responsibility to act as the CISM Branch Director/ CISL and/or Liaison.

TEAM SERVICES

All services will follow 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. Our interagency team uses trained CISM peers, volunteer Fire Chaplains, and mental health professionals to support emergency response professionals.

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.
 - a. New recruit training
 - b. Upon request and/or every 5 years team will deploy to all departments for 1 hour stress management, CISD education.
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.

8. **Civilian Assistance:** Although assisting victims, survivors, and families is not the primary function of the CISM Team, it may be necessary to provide interim support services to these individuals so that the emergency service crews may perform their duties without being hampered. Advise Incident commander if necessary.

The team may initially need to provide a staging area for families to meet away from the operation site and out of the way of the emergency service workers. Once on the scene, management of these persons should be turned over to the appropriate victim support agency. Local resources include the American Red Cross and the County Department of Mental Health.

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.

Logistics and safety of services

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 CISM service:
 - a. Decide upon a group leader.
 - b. Develop any signs or signals that may be needed during services.
 - c. Establish team member roles that each will take during services.
3. Arrange the setting.
4. Ensure that the associated response units are out-of-service and that the participants will not be called out during the services.
5. Seating arrangements when warranted are typically placed in a circle, close enough to accommodate all participants, but not so close as to be uncomfortable.
6. A peer shall act as a monitor for the service. 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.

CISM TEAM JOB DESCRIPTIONS

TEAM COORDINATOR

The CISM Coordinator supervises all clinical aspects of the CISM Program; the selection, training, and quality control of the CISM Program; manages a team of skilled CISM Support Personnel and Professional Counselors in providing the following CISM components:

- Pre-Incident Education
- Intervention Services
- Follow up Services
- Monthly message to team with summary of critical incidents in the county, and which/none CISM services provided, team updates, training, events, etc.
- This position should be qualified as a CISL.
- Coordinate with other contributing emergency response agencies in SLO County
- Manage all matters relating to CISM activities in the county.
- Maintain records of team activities.
- Assist in recruitment and selection process 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 the CISM team, 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.
- Establish and co-chair CISM Team meetings and other program-related meetings
- Represent the SLO CISM team to other agencies and organizations regarding the program
- Maintain referral resources
- Establish and maintain a quality control program using After action reports
- Serve as a facilitator, as necessary, in CISM team services
- Coordinate the debriefing of large groups - i.e., disasters
- Establish and maintain policies and procedures for team operation

CISM COORDINATOR DURING ACTIVATION

Empower all CISM team members and emergency responders to recognize and request CISM services when necessary.

Initiate CISM services automatically for the Critical Incidents identified in the policy.

Contact requesting agency and/or individual and complete the following intake forms:

1. CISM service request and
2. questions coordinators ask

Develop a plan, staffing, location, date and time for CISM services

The CISM Coordinator shall:

- A. Inform the IC or Supervisor of the plan of action
- B. Contact the Duty Officer and/or the Operations Duty Officer and SLA Field Supervisor as necessary.
- C. Complete the following actions as necessary
 1. Defusing: Assign CISM personnel and, if applicable based upon incident assessment, contact an on-call Professional Counselor, and coordinate time and location of defusing.
 2. Coordinate the CISM services with the Battalion Chief or the Duty Officer (e.g., shift, time, location, number of participants, and estimated duration of session). The Battalion Chief or the Duty Officer is responsible for locating an appropriate facility and taking personnel out of service. Confirm the details of the scheduled debriefing with the on-call Professional Counselor and advise them of the name(s) of the assigned CISM personnel.
 3. Ensure the completion of the required *Data Collection Sheet* and *Debriefing Feedback Questionnaire* and forward to the CISM Coordinator's office.
 4. Mental health Care payment authorization must be completed by team coordinator. A written summary of the incident, training, or support function is sent to regional coordinator verifying service need.

CISM BRANCH DIRECTOR / CISL

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.

CISM BRANCH DIRECTOR 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

CAL FIRE ECC will keep a local and statewide Emergency Resource Directory (ERD) of an updated list of mental health clinicians. This contact information is to be included on each Unit's (ERD). CISM team coordinators will 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, or to the agency having jurisdiction where the call originated.

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.

CISM TEAM MEMBER

Team members shall be qualified as CISD or working as a trainee under the supervision of a qualified CISD.

- Provide peer support and basic education to affected employees.
- 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.
- Participate in continuing education, meetings and resource management (kits/handouts)
- Maintain currency in training and education requirements as outlined in CISM Team policy.

CISM TEAM MEMBER REQUIRED TRAINING

- 1) All team members will attend the three minimum courses recognized by the ICISF:
 - Individual Crisis Intervention and Peer Support
 - Group Crisis Intervention
 - Suicide, Prevention, Intervention, and Postvention
 - NIMS (100, 200, 700 & 800)
 - Annual CISM CE training: 3 – 2 hour sessions annually for operational readiness.
 - CE qualifying training is open to other emergency responders.
- 2) Assigned team leaders will also attend ICISF:
 - Strategic Response to Crisis
 - Annual ICISF workshop
 - Advanced Group Crisis Intervention

STEERING COMMITTEE

A sub structure of the CISM team will be established and rotated annually. These team positions are intended to distribute workload and improve efficiency and effectiveness of the team. These positions are outlined as follows:

ASSISTANT COORDINATOR

Capable and qualified to fulfill all the above listed job functions

LIAISON

In the event that an incident is too large for the local CISM team to provide an adequate standard of care, a mutual aid request should be made to a nearby team or if there are no other local teams, the ICISF should be contacted with a request for mutual aid services by another accredited CISM team. The liaison officer will serve as the primary communication point-of-contact for these other CISM Teams. In the event that the SLO Co Team is requested for mutual aid out of state or in another county, a liaison officer should be elected to serve as the primary contact person and communications link between the teams.

CHAPLAIN

The chaplain has become an increasingly important member of emergency response agencies and CISM Teams. In times of crisis and psychological trauma, the chaplain offers emotional and spiritual care to those in need, whether emergency responders or members of the public and survivors of disasters. This is not a role that is limited to a specific religion but is an open approach to all faiths as a way of stabilizing those in need whilst respecting their individual belief systems.

CAL FIRE ECC will keep a local and statewide Emergency Resource Directory (ERD) of an updated list of chaplains. This contact information is to be included on each Unit's (ERD). CISM team coordinators will contact the chaplains directly from the ERD for critical incidents, when needed. These chaplains have been vetted as having significant experience working with emergency response agencies and are well trained in current CISM.

SECRETARY

- Maintain an accurate record of all team meetings and preceding's
- Maintain the Team Policy and update as necessary
- Maintain the Operation Manual and update as necessary
- Assign a representative to maintain meeting records in his/ her absence
- Maintain an accurate team roster and provide to CAL FIRE/County Fire Dispatch center.

TRAINING OFFICER

- Maintain and publish an up to date file of all training records for team members
- Publish a schedule of quarterly training topics for continuing education
- Notify members off all upcoming training opportunities
- Prepare for team training needs and trending topics as necessary

- Develop a schedule of team meetings, trainings, special events
- Work in part with the Team Coordinator to accomplish the SLO County CISM Team Strategic Plan.

UNIFORMS

The Employee Support Services Polo Shirt shall consist of the following: Polo Shirt: 5-11 Tactical Brand: "Professional Polo" Pique knit, Short sleeve model 41060, long sleeve model 42056. Color Dark Navy 724. SLO CISM TEAM logo 4 W X3 ½" H on Left Chest. Peer Support and first initial, last name on Right chest in 3/8" plain block lettering with white thread above.

APPENDIX B

APPLICATION, LETTER OF ENDORSEMENT, AND CONFIDENTIALITY AGREEMENT

**SAN LUIS OBISPO COUNTY
CRITICAL INCIDENT STRESS MANAGEMENT TEAM**

Policy & Confidentiality Agreement

Name (print)

Date (print)

As a member of the San Luis Obispo County Critical Incident Stress Management Team, I understand and agree with the San Luis Obispo CISM Team Policy Manual. I also understand and agree that any personal information about any recipients that receive any type of CISM Intervention provided by this team, of which I become aware by reading, hearing, by sight, or otherwise, will be kept confidential at all times and cannot be shared with any other person outside this team, except as specifically authorized by the recipient or as required by law. I understand and agree that any and all information shall remain confidential even after my volunteer work or other interactions with this team end. Furthermore, if confidentiality is not strictly adhered to, I Understand that any breach of confidentiality must result in termination of such team member.

Furthermore I also agree to always follow policies and protocols as described in the Team's Policy Manual and I understand that any breach of such policies and protocols could result in an investigation of the circumstances and that my Team Membership may be revoked at the discretion of the Team Coordinator, on the recommendation of a Peer Review Board as outlined in Section IV.5 on page 5 of the Team Policy Manual.

Signed

Witnessed

CRITICAL INCIDENT SERVICE REQUEST

1. INITIAL CONTACT

Received from: _____ Date: _____
Contact person: _____
Home phone: _____ Work phone: _____
Agency name: _____
Address: _____
Chief administrator: _____
Is this person aware of the request? Yes No
Telephone number, if different: _____

2. INCIDENT

Nature of incident: _____

Date/time of incident: _____
Location: _____
Agencies involved: _____
Urgency of request: Immediate Within 24 hours Within 72 hours

3. IN-HOUSE CISM RESPONSE UNDER WAY? Yes No

Contact person: _____ Phone: _____

4. STATE CISM RESPONSE UNDER WAY? Yes No

Contact person: _____ Phone: _____

5. ACTION TAKEN:

Request approved / team activated: Yes No
Names of the event team: _____

Rendezvous point: _____
Directions: _____

Time: _____
Date and time of debriefing: _____
Location of debriefing: _____
Directions to location: _____

Debriefing for (specify populations): _____
Size of group expected: _____
Request denied: _____
Reason: _____

Services offered: _____
Additional information: _____

6. RECORDER'S NAME: _____

Appendix 2

QUESTIONS COORDINATORS ASK

About the Incident:

- What happened?
- Why do you think that this is a critical incident?
- Are other departments or agencies involved?
- Exactly when and where did it happen:
- Is the event really over?
- Who was involved?
- Is there continuing rescue or recovery ongoing?
- How many individuals were involved?
- What are the employees saying about the event?

Suddenness:

- Was timing or location especially unexpected?
- Was home or workplace invaded?
- Was the impact disorienting?

Severity:

- Were there multiple victims?
- Is this affecting families or other less involved employees, customers, bystanders?
- Was there exposure to gruesome sensory factors (sights, sounds, smells, etc.)?
- Is this affecting the agency's ability to operate?
- Were there any child victims involved?
- Were there any coworkers involved?

- Were any of the victims known to members of the group?
- Were any individuals in fear of their own death?

Proximity:

- Was there any physical contact with the victim (blood, etc.)?
- Were there any witnesses to death?
- Was there any thought that “this could have been any of us”?

Other Complicating Factors:

- Was there a crime involved?
- Is the perpetrator at large?
- Is age or developmental level a factor?
- Is there any media exposure?
- Is there any direct criticism from the media?
- Are languages or cultural differences a factor?

Timing and Logistics:

- Is timing of a funeral or other service an issue in when the response is held?
- Is the agency keeping participants “on the clock”?
- Should there be some interventions immediately?
- Should there be some interventions later?
- Where should the response be held?
- If multiple agencies are involved, can they be mixed?
- Has the invitation for services been approved by the administration?
- When can all participants be off-call?
- Has the host agency agreed to ground rules?

About the Group:

- Should supervisors be in the response? Involved in the event? Generally trusted?
- Does this group have multiple or cumulative issues?
- Has any group member had recent or similar losses?
- Is there any blaming going on? If yes, who and how prevalent?
- Has the group had previous CISM services and what was their reaction to the previous intervention?
- Is there any internal investigation under way?
- Is there a threat to anyone's job?
- Is sub-grouping a factor (labor vs. management, etc.)?
- What is the general level of trust among this group?
- Are there any legal concerns?
- Were any mistakes made (honest, procedural errors, etc.)?

REST, INFORMATION AND TRANSITION SERVICES (RITS)

RITS will be reserved for large-scale, highly intense, or unusual events. The objectives of RITS are to:

1. Provide a place for disengaged (not returning to service) units to rest and to get something to eat and drink away from the site in a comfortable atmosphere before being released.
2. Provide information and support on possible stress-related effects.
3. Provide a place for command officers to give closing remarks or incident updates.
4. Provide a resource for initial ventilation of feelings if necessary.

GUIDELINES FOR REST, INFORMATION AND TRANSITION SERVICES

RITS briefings occur during a prolonged incident and can occur at any location away from the incident. Each unit on scene goes through a RITS briefing only once after completing their first assignment, and before returning to a second assignment.

Professional Counselors and CISM personnel not engaged in incident activities will handle the RITS briefing.

The RITS briefing will typically take 15 minutes and will consist of the following:

1. Recognition of the workers' efforts and fatigue.
2. A statement as to the CISM Team's desire to give the workers a chance to rest, eat, and "unwind" before going home or back to quarters.
3. The location, time, etc., of formal debriefing or how they will be notified when or if one is scheduled.
4. Inform the workers that there is a wide range of emotional reactions to working under these circumstances.
5. Personnel will be provided with written information on Critical Incident Stress.
6. Dismiss units and let them eat, drink, rest, etc.
7. One Professional Counselor will remain in reserve to meet with the next incoming group.

All CISM Team members should give the same information to all groups. It will be necessary for the RITS team to meet and develop an outline/script to ensure continuity.

Large Group Crisis Intervention in Response to Terrorism, Disasters, and Violence Crisis Management Briefings (CMB)

- Group psychological crisis intervention designed to mitigate the levels of felt crisis and traumatic stress in the wake of terrorism, mass disasters, violence, and other “large scale” crises

CRISIS MANAGEMENT BRIEFINGS (CMB)

- A Four Phase group crisis intervention
- Requires from 45 to 75 minutes
- It may be used with “large” groups consisting of 10 to 300 individuals
- Designed to be used with primary victim civilian populations in the wake of terrorism, mass disasters, violence, and other large-scale crises
- Crisis Management Briefing May be implemented in:
 - Schools
 - Corporations
 - Community settings
 - It may have applicability in other settings with other populations
- It is but one component within the comprehensive CISM system
- The CMB is designed to be used within a comprehensive CISM framework
- It should not be used as a “stand-alone” intervention

PHASE ONE

- The first phase consists of bringing together a group of individuals who have experienced a common crisis event
 - In response to a **school crisis**, for example, an assembly could be held in the auditorium
 - Depending upon the number of students, one grade could be addressed at a time
 - Or other divisions of the student body could be used
 - In response to a **workplace crisis**, a company meeting room could be used
 - Or a room could be rented at a local hotel or commercial meeting facility
 - In response to mass disasters, **large-scale** violence, or terrorism
 - Local school auditoriums could be used to address the civilian populations
 - They could correspond to the respective school or voting districts
- Announcements could be made via radio, television, and internet sites
- Repeat the CMB until all constituents have been addressed within the given circumscribed area/population
- This act of assembly is the first step in reestablishing the sense of community that is so imperative to the recovery and rebuilding process

PHASE TWO

- Have the most appropriate and credible sources or authorities explain the facts of the crisis event
 - Respected & highly credible spokesperson
 - Develops the perceived credibility of the message and the belief that the actions and support will be effective
 - The ethos of the spokesperson contributes to the effectiveness of the message/information being disseminated
- Objective and credible information should serve to:
 - Control destructive rumors
 - Reduce anticipatory anxiety
 - Return a sense of control to victims
 - Maintain confidentiality
 - Receive factual information concerning that which is, and is not, known

PHASE THREE

- Discuss the most common reactions that are relevant to the crisis event
 - Signs
 - Symptoms
 - Psychological themes
 - For example:
 - In suicide, the psychological theme of suicide should be addressed
 - In terrorism, the dynamics of terrorism should be discussed
 - Common signs and symptoms of
 - Grief
 - Anger
 - Stress
 - Survivor guilt
 - Responsibility guilt
 - And how they relate to survivors, friends, and others

PHASE FOUR

- Address personal coping and self-care strategies that may be of value in mitigating the distressing reactions
- Simple, practical, stress management strategies should be discussed
- Community & organizational resources available to facilitate recovery
- Questions should be actively entertained as appropriate
- Each group participant given a reference sheet that briefly describes:
 - Common signs and symptoms

- Common stress management techniques
- Local professional resources (with contact information) available to aid recovery

Timing

- Timing for the CMB is highly situation-specific and flexible
- The CMB can be repeated as long as it proves to be useful

Summary

- CMB is as an efficient large group crisis intervention that may be used for primary civilian populations (and perhaps others)
- CMB is useful in the wake of terrorism, mass disasters, violence, and similar large-scale community-wide or school organizational crises
- CMB provides a standardization of large group crisis intervention procedures
- Standardization provides reliability in application/implementation
- The human resource is the most valuable resource any organization or community possesses
- CMB is designed to protect that human resource

DEFUSING

- 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

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.

DEBRIEFING EXPECTATIONS

- 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 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 and 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.
- 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

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

- Identify and communicate follow-up needs.
- Peer-to-peer – leave contact/information handout with de-briefers contact numbers with attendees.
- 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.