

NATIONAL HEADQUARTERS CIVIL AIR PATROL

CAP REGULATION 60-5

24 AUGUST 2012

Operations

CRITICAL INCIDENT STRESS MANAGEMENT

This Regulation prescribes concepts, policies, and standards that govern all Civil Air Patrol (CAP) personnel in the training, qualifications, and implementation of Critical Incident Stress Management (CISM) teams. Practices, procedures, and standards prescribed in this regulation are mandatory. Forward all suggestion for modification and improvement of the program through channels to National Headquarters CAP Director of Operations (NHQ CAP/DO.) **Note: This Regulation is revised in it entirety.**

SUMMARY OF CHANGES.

This revision gives NHQ CAP/DO the authority to authorize waivers, clarifies the reporting structure and requirement for CISM Officers at the region and wing level respectively; adjusts education and licensure requirements for CISM team personnel to meet current needs; and, changes the web link for qualified team members. This revision further defines deployment requirements; expands mission coverage for CISM teams' usage to all Air Force-assigned missions, including search and rescue and disaster relief missions; expands non-mission related CISM services in response to critical incidents; and, outlines the authority to wear the CAP CISM patch.

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1. General. CISM may be defined as a comprehensive, integrated, multi-component crisis intervention system. CISM is solidly based in crisis intervention theory and educational intervention theory. CISM is considered to be comprehensive because it consists of multiple crisis intervention components that functionally span the entire spectrum of a crisis. It can be applied to individuals, small functional groups, large groups, and even organizations. CAP

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1 follows the core components of CISM as set forth by the International Critical Incident Stress
2 Foundation (ICISF) while providing for CAP specific needs in administering its CISM program.

3
4 CISM functions to assist all members of CAP in times of personal or organizational crisis. It
5 helps those who have an immediate or delayed reaction to events occurring immediately, hours,
6 days, weeks, months or years after an initial trauma. These traumas can occur during a mission,
7 during an activity, or away from CAP, altogether. The CISM teams across CAP are ready to
8 respond and take care of our members.
9

10 The range of services offered through the CISM includes:

- 11
12 **a.** Pre-crisis Preparation and Education: This includes stress management education,
13 stress resistance, and crisis mitigation training for both individuals and
14 organizations.
15
16 **b.** Assessment and Strategic Planning: CISM members can assist incident and unit
17 commanders evaluate the risk of incidents that may cause a crisis and provide
18 strategic planning on how to deal with it, both in the immediate since and in
19 providing training to personnel over the long term.
20
21 **c.** On-scene Support and Consultation: During an incident, CISM members can be
22 report to the site and provide consultation on how to reduce the risk of an event,
23 or to confirm that one requiring CISM services has occurred.
24
25 **d.** Individual Critical Incident Stress Management:
26
27 (1) General: Stress defusing and debriefing sessions for any kind of event that
28 causes a crisis. General Individual Critical Incident Stress Management focuses
29 on one-on-one emotional first aid.
30
31 (2) Suicide: Like the General offering, this defusing and debriefing session
32 focuses on individuals who are suicidal.
33
34 **e.** Group Critical Incident Stress Management: When a group has been exposed to
35 an event, a CISM team can send peers to the members of the team to provide
36 defusing and debriefing services to the entire group rather than to individuals.
37 This is particularly helpful when a team has been exposed to the same incident.
38
39 **f.** Pastoral Critical Incident Stress Management: CISM teams include pastoral
40 members. For those requiring services from religious personnel, Pastoral CISM
41 can be acquired.
42
43 **g.** Family and Significant Other Support: CISM team members can provide any of
44 the above assistance to the family/significant other of a CAP member.
45

Comment [cmh1]: Hiles: I put stuff in here. Not sure if it 100% matches what you were thinking.

- h. Follow-up Services: After the event and immediate support has passed, CISM team members can be called to provide follow-up services to insure that everyone who needs assistance, whether previously seen or not, receive it.
- i. Referrals to Medical, Mental, or Spiritual Care: During immediate care or follow-up services, referrals to professionals, local to the individual, for medical, mental, or spiritual care can be acquired through CISM team members.
- j. Post-event Education: After an event has occurred, CISM team members can educate personnel on what occurred and why it affected people.
- k. Lessons Learned: CISM team members can assist with the completion of after action reports and provide suggestions on how to improve future preparedness and response.

2. Supplements/Operating Instructions/Waivers. Any written supplement, letter, clarification, waiver, or operating instructions to this Regulation must have prior written approval of NHQ CAP Chief, CISM Services and NHQ CAP/DO. NHQ CAP Chief, CISM Services will coordinate approval with NHQ CAP/DO. NHQ CAP/DO will coordinate with CAP-USAF.

3. Personnel Positions and Duties.

a. Team Leader: The National Headquarters position in charge of the entirety of the CAP CISM program. This individual is responsible for maintain situational awareness of new ICISF programs, course changes, and other information necessary to keep the CAP CISM Program on the cutting edge of critical incident management. Team Leader will have extensive knowledge and experience in the administration and maintenance of an ICISF team. The Team Leader serves in concert with the National Clinical Director.

b. Clinical Director: A member who is a mental health professional and serves as the mental health subject matter expert. To fill in this position, a member must hold a minimum of a master's level degree in mental health field (e.g. a psychologist, psychiatrist, advanced practice psychiatric nurse, nurse practitioner in psychiatry, counselor, social worker, marriage and family therapist, etc.) The national clinical director should have:

(1) Extensive knowledge and experience in crisis intervention and disaster mental health surpassing basic academic training in mental health fields; and,

(2) Extensive knowledge through ICISF of team maintenance and administration. They must maintain the minimum ICISF courses for a Peer as noted in Section 5 of this Regulation. A Clinical Director will serve at the wing, region, and national level of CAP. They must have knowledge to all state laws and ordinances as they apply to CISM activities. They are responsible for

supervising all clinical aspects of the program and conducts clinical portion of meetings and training.

(3) Region CISM Directors do not have to be licensed and primarily serves as a project manager.

c. CISM Officer (CISO): The individual responsible for the CISM program at the wing and region level. To be a CISM Officer, the member must have completed ICISF training needed to be a Peer as noted in Section 5 of this Regulation. The CISM Officer serves at the wing or region levels. The duties of the CISM Officer differ depending on what level they serve. Generally, this individual administers the CISM Program, particularly at the region level, serve as a point person for their subordinate level (e.g. the Region CISO serves as the contact person for the member wings,) coordinates services requests, maintains paperwork, and officiates administration portion of meetings and training.

d. CISM Coordinator: A member serving in the role of CISM Officer who does not yet have the required ICISF training. From the time of appointment, the Coordinator must complete ICISF training within one year or they are to be replaced. CISM Coordinators can serve at the wing or region level.

e. Mental Health Provider (MHP): An MHP serves in a similar manner as the Clinical Director. However, they need not be licensed. They serve as a subject matter expert.

f. Peer: A CISM team member who has completed training as noted in Section 5 of this Regulation. This is the entry-level position on a CISM team. Peers will be represented from any function of CAP (i.e.: pilots, ground team member, communications, administration, CC, IC, public affairs, IG, etc). Peers will be utilized to address CISM needs from the same peer function.

f. CIST: Critical Incident Stress Team. The name for the group of CAP members who serve on the team, a CIST includes the CISO, the Clinical Director, and Peer members who usually come with a diverse set of backgrounds, ages, and subject matter expertise to cover the widest variety of peers as possible. Each Wing will maintain a CISM team to address CISM issues within their respective wing and may be asked to assist other wings. CAP CISM teams will serve CAP members and their immediate families and may be asked to assist with non-CAP events in their respective communities – showing good community service during times of need. CAP CISM teams may assist other ICISF teams upon request.

4. CISM Structure. Below is the manner in which the CAP CISM program is arranged. It begins from the National level and moves through region and the wing level.

a. National Level CISM: Leading into the Future.

(1) **Mission:** The mission of the National Level CISM organization is to lead into the future by maintaining CAP's CISM Program through updates, cutting edge training, and the results of exercises and actual responses and their subsequent after action reports, guidelines and improvement plans. They will closely communicate with ICISF to maintain the highest standards within the CISM field. They interface with the Region CISM personnel to make sure the latest information is shared and to gather feedback from the field.

(2) **Staff:** The National Commander shall appoint a National Team Leader, CISM Services and shall use the office symbol CAP/CIS. The CAP/CIS will serve under the National Health Services Officer and in concert with the National Director of Operations. The CAP/CIS may appoint a deputy and other staff as necessary. At the National level, there must be a Clinical Director with the qualifications noted in Section 4 of this Regulation. These two officers act as co-directors/team leaders for the National CISM Program.

(3) **Duties:** The CAP/CIS will publish guidance, policies, procedures, and sample standard operating guidelines for the CISM program. The CAP/CIS will maintain knowledge of the latest developments of the ICISF program, CISM updates, and general information on the state of psychological first aid.

b. Region Level CISM: Team Support and Administration.

(1) **Mission:** The mission of the Region Level CAP CISM program is to assist the operations of the Wing CISM Program and maintain situational awareness for the CAP/CIS on wing level incidents and needs.

(2) **Staff:** Each Region will have CISM Officer or Coordinator and a Clinical Director. These positions are appointed by the Region Commander in consultation with the CAP/CIS and must meet the qualifications stated in Section 3.

(3) **Duties:** The Region Level CISM Program is responsible for assisting as needed or organizing training events, providing subject matter expertise, maintaining personnel records for all subordinate wing CISM team members and tracking currency. They may provide assistance in planning and evaluating exercises where there is a CISM component. They will collect information from the wing level and inform the national level. They will collect monthly activity report from Wings and report to the National CISM on a quarterly basis. They will collect and maintain CISM personnel rosters from each wing along with contact information to be used in the event of immediate deployment. They will relay information from the CAP/CIS to the wings, as necessary.

c. Wing Level CISM: Doing the CISM Work.

(1) **Mission:** To provide CISM services and interventions and to maintain a constant state of readiness through appropriate training. To increase awareness of

CISM resources to the member groups and squadrons of their wing. To recruit personnel to serve as CISM team members.

(2) **Staff:** Each Wing will have CISM Officer or Coordinator and a Clinical Director. These positions are appointed by the Wing Commander in consultation with the Region or National CISM Officer.

(3) **CISM Teams:** The Wing will maintain CISM team members who live throughout the geographic area of the wing and come from a variety of mission and non-mission backgrounds. More on CISM Teams, their makeup, and training requirements can be found in Sections 1, 5, and 6 of this Regulation.

(4) **Duties:** The Wing CISM Programs provide the backbone of the CAP CISM Program. Wing CISM Programs are primarily responsible with providing the majority of CISM services; including instructional information and preparatory classes as well as emergency response to missions, squadron meetings, and other activities, and follow up services to assess the need for possible referral. They are responsible for integrating with the wing's emergency operations program so as to have CISM included in all exercises and response. Wing CISM Programs are responsible for recruiting new CISM.

5. Training Requirements.

a. In addition to any position-specific training requirements listed above, to be on a CISM team, a CAP member must complete the following training:

(1) **CAP Specific Courses:** These short 1.5 hour courses are designed to provide a basic overview of the CISM program.

- (a) Introduction to ICISF (online or in person)
- (b) Program Orientation (online or in person)
- (c) CISM Basic Concepts (online or in person)

(2) **ICISF Courses:** In order to get credit for completion of this course for CAP purposes, you must have the instructor sign the **<NAME> Form found in Appendix <INSERT> of this Regulation.**

- (a) Group Crisis Intervention
- (b) Individual Crisis Intervention and Peer Support

(3) **National Incident Management Courses¹:**

- (a) IS 100
- (b) IS 700

b. **Maintenance/Refresher Requirements.** In order to maintain their status on a CISM team, a member must complete CISM refresher training for both knowledge and skill components.

(1) To satisfy the skills refresher, they must complete one of the following classes once every six years:

¹ <http://training.fema.gov/IS/NIMS.asp>

Comment [HC2]: Hiles: This will likely come out (the appendix part) and we need to build a form.

- (a) Group Crisis Intervention; or, Peer/Individual Crisis Intervention (2 days each and taught independently); or,
 - (b) Group Crisis Intervention and Peer/Individual Crisis Intervention Combination course (3 days); or,
 - (c) Building skills in CISM.
- (2) To satisfy the knowledge refresher, any other of the 45 CISM courses may be completed including *The Changing Face of Crisis Intervention and Disaster Mental Health*; which may be completed either in classroom or on-line through Weber University.
- c. Actual CISM service provision and/or attending CISM team meetings will no longer be acceptable for renewal or refresher purposes.
- d. **Meetings.** In addition to the training list above, CISM members will attend 75% of the quarterly meetings each year that will:
 - (1) Be separate from any other CAP training;
 - (2) Include administrative topics and clinical or training updates;
 - (3) Be held either face to face or through a teleconference or webinar;
 - (4) Have minutes recorded and maintained by both the Region/Wing CISO.
- e. **CAP CISM Instructors.** Any CAP member trained to be an ICISF instructor must:
 - (1) Maintain good standing with the ICISF;
 - (2) Abide by ICISF instructor guidelines for conducting courses (e.g. instructional hours, records, etc.)
 - (3) Cover all required content and practices with CAP specific scenarios;
 - (4) Participate in conference calls with the National CISM staff;
 - (5) Maintain class sizes that do not exceed 30 students for skills-based course (Peer and Group) to assure quality individual attention for both knowledge and skill development;
 - (6) Maintain current knowledge and support of CAP CISM Program.
- f. **Course Scheduling.** CISM courses are available through both CAP and the International Critical Incident Stress Foundation, Inc., 10176 Baltimore National Pike, Unit 201, Ellicott City, MD 21042. A list of locations and dates for all ICISF approved courses are available at their web site (<http://www.icisf.org>). Arrangements for dedicated courses may be made by contacting ICISF. Courses may also be scheduled by contacting a CAP CISM instructor. Listing of CAP CISM instructors appear of the CAP CISM web site at cism.cap.gov. All CAP CISM trainings must be communicated to National for inclusion on the CAP CISM web calendar.

Comment [cmh3]: Is there a direct link?

Note: Dedicated ICISF Individual Crisis and Peer Support Courses may also be arranged utilizing CAP members that are also ICISF trained instructors. For detailed information, contact NHQ CAP/DO or cism@capnhq.gov.

g. Training Cost. Training costs will be kept to a minimum. Wings and Regions are expected to assist with CISM training costs in partnership with registered participant. National will assist on a case-by-case basis.

h. Training Reporting. All training certificates will be sent by e-mail to the Region CISO/Coordinator.

6. CISM Team Membership.

a. Members seeking to be on a CIST must:

- (1) Be 18 years of age or older (regardless of cadet membership status as cadets can serve as peers of other cadets;)
- (2) Have completed training as described in Section 6 of this Regulation;
- (3) Send their training certificates, a letter requesting to be a member, and CAP and professional resume to the Wing CISO/Coordinator;
- (4) Be interviewed by the Wing CISM Membership Committee that is comprised of at least the CISO/Coordinator, Wing Clinical Director and two peers. This committee will make a recommendation to the wing commander concerning inclusion.

b. All new members will be reported to the Region CISO/Coordinator, who will maintain a record of all CISM members, their training status, basic information (from the member's resumes,) and contact information.

7. CIST Activation.

a. Planning. Every CAP wing will have an activation protocol that will be distributed to the member squadrons through informational e-mail messages, commander's calls, and training.

b. Coverage. Each CAP wing will have a CISM team member "on call" in the same manner as incident commanders. The rotation method will be decided at the wing level.

c. Non-Mission Mobilization. When an Incident Commander, activity commander, or unit commander is alerted to a potentially traumatic event, or believes one of their members are having problems coping with any issue that interferes with that member's ability to perform their duties in CAP, they will contact the duty CIST member. The CIST member will collect as much information as possible about the nature of the incident or concern. They will contact the CISO or Clinical Director to activate the team. The CISO or Clinical Director will make the determination as to which CIST members

1 should respond based on the information on the incident and the types of peers
2 appropriate to the concern. CISM team members may address emergent issues prior to
3 notifying the CISO or Clinical Director, but will provide notification as soon as possible.
4

5 **d. Mission Mobilization.** During each mission, CISM will be included with either
6 physical or technology-based presence (telephone or Skype. Email is not sufficient). If
7 the mission is closed or suspended and a member, or members, experience the need for a
8 critical incident stress intervention, or observe the need in other member(s), they should
9 alert the incident commander, unit or wing commander, activity commander, or wing
10 CISO. Incident commanders, unit commanders, and activity commanders will pass
11 requests for intervention to the CISO with copy to the wing commander, as proper critical
12 incident stress support will often require support long after a mission is closed or
13 suspended. The wing commander will establish contact with the wing CISO to coordinate
14 activities of the team. The emphasis is on helping members while, at the same time,
15 guarding against frivolous use of the system. It should be noted that any CAP personnel
16 not at the front-line of a mission might require intervention just as much as the ground
17 team dealing with a crash site, devastation following a disaster, air crews and
18 photographers or other traumatic event.
19

20 **e. Automatic Deployments.** There are seven scenarios by which a CIST activation
21 should be automatic. These scenarios include:
22

- 23 (1) **Protracted Events;**
- 24 (2) **Responses to catastrophes;**
- 25 (3) **Severe injury or death of a CAP member regardless of where this**
26 **occurs;**
- 27 (4) **Severe injury or death of a non-CAP member participating in a CAP**
28 **event;**
- 29 (5) **Event involving a cadet;**
- 30 (6) **Event involving the abuse of a member;**
- 31 (7) **Member requests CISM services.**
32

33 **f. Deployment.** Upon receiving a request for assistance, the wing commander will
34 contact the wing CISO to deploy the nearest CAP CISM personnel, or organize the
35 deployment of the local CISM team, to fulfill the need. If local CISM resources are not
36 available, then the wing CISO will contact the region CISO to arrange for a team. If the
37 region CISO is unavailable, the wing commander will contact the NHQ CAP/DO. If
38 unable to reach NHQ CAP/DO, contact the National Operations Center Duty Officer at 1-
39 888-211-1812 for additional assistance. **CAP CISTs will deploy with at least a MHP**
40 **and one Peer Team Member for Critical Incident Stress Debriefings (CISD,) and**
41 **with appropriate personnel per ICISF guidelines for other interventions.**
42

- 43 (1) Debriefings are one of the core components of the ICISF model requiring
44 a MHP.
45

(2) Not all intervention models under ICISF require a MHP. It is always advisable to have a MHP present or reasonably available though technology (except email.) As situations unfold, the need for MHP may become more apparent.

d. Costs. When requesting a CIST, it is standard practice for requesting CAP unit to provide adequate shelter and feeding for team personnel, and thus these expenses will not normally be reimbursed.

e Missions may be generated to cover higher costs associated with transportation and meals for extended CISM services.

(1) For Air Force-Assigned Missions (AFAM,) normal Civil Air Patrol Regulation 173-3 mission costs may be reimbursed to CAP CIST members if HQ CAP-USAF/XO and NHQ CAP/DO are included in the CIST need validation process and coordinate the assignment of an Air Force Mission number. Funds to support AFAM CISM missions will come out of actual mission funds, and will not affect training allotments made to wings and regions on an annual basis. Training for CISTs can be paid for from annual training budgets, and CISTs will actively participating at all funded training events.

(2) Other contingencies outside of normal Air Force support and above and beyond the corporate funds for CIST training and operations will be addressed on a case-by-case basis with the concurrence of the CAP-USAF Executive Officer (HQ CAP-USAF/XO) and NHQ CAP/DO.

8. Reporting Requirements. Each wing's use of CISM and CISTs will be reported to their Region CISO, funded or not, in order to track the total number of CISM service events in the wing.

a. Only the fact that an event is taking place with the general description need to be reported such as: number of CAP personnel responding to the event, type and number of CISM tactics utilized with the number of CAP members participating in each, if any referrals were made, and follow-up plans.

b. Names of individuals being assisted will not be conveyed, though the number of personnel supported should be, and support provided to agencies other than CAP should be specifically highlighted.

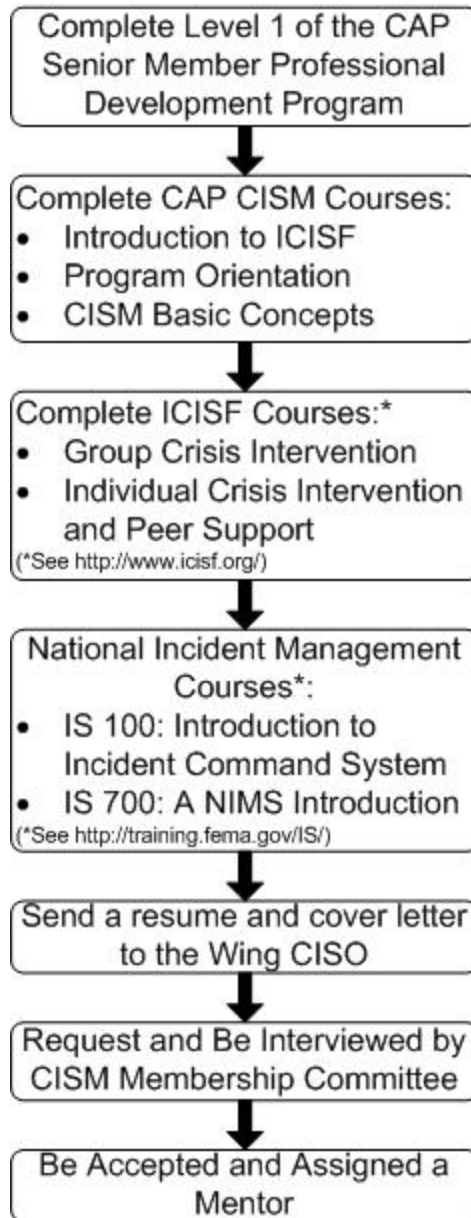
c. After Action Reports/Improvement Plans (AAR/IP) from CISTs will be sent to the applicable CAP staff with copy to region CISO so that improvements can be made in the system for future deployments.

d. Requests for reimbursement of expenses must be coordinated in advance with NHQ CAP/DO. If an emergency, contact the National Operations Center duty officer for approval at 888-211-1812.

1
2 e. Situation reports should be provided as soon as is feasible after the event begins
3 and periodically as coordinated with NHQ CAP/DO and the region CISO, thereafter.
4 Final reports and AAR/IPs should be forwarded to the CAP staff overseeing the event
5 with copy to region CISO within 30 days of conclusion of the incident, with addendums
6 for follow up interventions as appropriate.
7

- 8 9. **Requirements for Award of the National CISM Patch.** Personnel that are active
9 members of a CAP CIST as outlined in Section 6 and current and qualified in accordance
10 with Section 5 of this Regulation, are authorized to wear the CAP CISM Patch.
11

Appendix 1: CISM Membership Flowchart



Appendix 2: CISM Team Call-Out Flowchart

