Delaware State Police
Critical Incident Stress Management Team (CISM)
Standard Operating Procedure

Reviewed by: Capt. Ron Hagan 01/2009
DELAWARE STATE POLICE
CRITICAL INCIDENT STRESS MANAGEMENT TEAM

I. THE PROBLEM STATEMENT

Law enforcement and public safety services have become increasingly aware of the toll that the unique stressors encountered in their occupations may take on the quality of their lives. The very nature of their jobs may expose these individuals routinely or periodically to stressful events which they may or may not be able to resolve satisfactorily on their own.

Factors that cause stress to one individual may not cause stress for another; however, very few are actually immune to stress. The Critical Incident Stress Management (CISM) and educational process provides information and resources to help them cope more effectively with stress.

Responses to stress may be immediate or incident specific; they may be delayed for a period of time after an incident or they may be cumulative, building up over a long period of time, and can be many incidents. Multiple factors affect an individual's response to stress and include factors specific to the stressor, such as the individual's personal qualities, past experiences and available resources.

It has been demonstrated that certain events, such as the death of a child, an officer-involved shooting, the death of a co-worker, and multiple casualty incidents, are particularly stressful for these providers. Any of these events, plus a host of others, may cause or contribute to a critical incident for a workeror for a group of workers.

A critical incident has been defined by Mitchell as, "Any situations faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the emergency workers."

The following are examples of incidents that may have significant emotional impact and are appropriate for debriefing:

A. Serious injury or death of a divisional member in the line of duty, including during the incident, en route to or following the scene, or during a training exercise.

Mitchell, Jeffrey. When Disaster Strikes...The Critical Incident Stress Debriefing Process; Jems; January 1983; pp 36-39. Dr. Mitchell is a researcher, instructor and author on stress and disaster psychology.

B. Mass casualty incidents.
C. Suicide of a divisional member or other unexpected death.
D. Serious injury or death of a civilian resulting from emergency services operations; i.e., auto accident, etc.
E. Events that seriously threaten the lives of responders.
F. Death of a child or violence to a child.
G. Loss of life of a victim/patient following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts by divisional personnel.
H. Incidents that attract excessive media coverage.
I. Personal identification with the victim or the circumstances. Events where the victims are relatives or friends of divisional personnel.
J. Any incident that is charged with profound emotion.
K. Any incident in which the circumstances were so unusual or the sights andsounds so distressing as to produce a high level of immediate or delayed emotional reaction.

II. MISSION STATEMENT

CISM teams were developed to provide debriefing following critical incidents to any divisional member where assistance is needed. The focus of this service is to minimize the harmful effects of job stress, particularly in crisis or emergency situations. The highest priorities of the team are to maintain **confidentiality** and to respect the feelings of the individuals involved.

III. TYPES OF INTERVENTIONS

Several types of interventions may be conducted depending upon the circumstances of a particular incident. They may be conducted on an individual one-on-one basis or ideally in small groups. The following types of interventions, singularly or in combination, are most commonly utilized:

A. Pre-Incident Education
Pre-incident education regarding stress, stress recognition and stress reduction strategies is an essential part of the CISM process. Educational programs for line and command staff include information on critical incident stress debriefings, how to contact a team, on-scene considerations, etc. Programs for spouses and significant others may also include stress recognition and management.
B. On-Scene Support Services
Two types of services may be provided:
1. One-on-one session with personnel who show obvious signs of distress.
2. Consultation to the scene commander or command officers.
C. Demobilizations
Utilized during or following a large scale incident as units are released from the scene to determine if all personnel are accounted for, make announcements, etc. A mental health

professional may provide information on the signs and symptoms of stress reactions that may occur. Units may be released from duty or return to their station in service. Incident commander may require that all personnel go through a demobilization session before they are released from the scene.

D. Defusing

A mini-debriefing for a small working group (such as a patrol shift) conducted at their troop/section shortly after the incident. Provides information about the incident and general information and advice on stress reactions. In some circumstances, may involve a more in-depth discussion of participants feelings and reactions. May be performed by an experienced peer debriefer. A defusing may eliminate the need for a formal debriefing.

E. Formal Debriefing

Ideally conducted within 24-72 hours of the incident. Confidential nonevaluative discussion of the involvement, thoughts and feelings resulting from the incident. Also provides discussion and education regarding possible stress-related symptoms.

F. Follow-up Services

Conducted in the days following an incident. May include an informal debriefing session, phone or personal follow-up. Concerned with delayed or prolonged stress syndrome. May also be used to evaluate debriefing services offered.

G. Individual Consults

One-on-one counseling for any concerns related to the incident. Requires a referral to a mental health professional. Providing individual counseling is not a function of the CISM team; however, team clinicians may advise the Program Coordinator or Team Leader when an EAP referral should be given consideration.

H. Specialty Debriefing

Providing debriefing interventions for groups not directly involved in emergency services or otherwise outside the realm of the CISM team.I. Spousal / Family Support Services

Spousal and family support is provided by trained CISM peer members who are identified as a spouse or family member of an emergency provider on request following a traumatic event.

IV. THE DEBRIEFING PROCESS

A. Command officers/supervisors are responsible for identifying and recognizing significant incidents that may require debriefing. When an occurrence is identified as a “critical incident,” a request for debriefing should be made as soon as possible.

B. The team is activated by a call to Headquarters Communications. Appropriate call information is obtained and relayed to a Team Coordinator. All formal debriefings are coordinated by a designated Team Coordinator to guarantee the quality of the debriefing and to ensure appropriate procedures are followed. The Team Coordinator also schedules requests for educational/in-service presentations.

C. A Team Coordinator will contact command officer/supervisor requesting debriefing to:

1. Assess the need for a formal debriefing, a defusing or a referral.

2. Determine the nature of the incident.
3. Arrange a time and location if a formal debriefing is indicated. Debriefings are optimally conducted within 24-72 hours of the incident and should not generally extend beyond one week. A 24- hour normalizing period following the incident is recommended. If large numbers of individuals are involved, debriefing begins with those most involved with the incident. Formal debriefings within 24 hours of the incident may be considered by the Team Coordinator and clinician assigned to the debriefing.

D. The "On Call" Team Coordinator selects a debriefing team from available members. To ensure the quality of the process, the team must consist of t least one mental health professional and from two to three team members (the average team consists of 3 members but the size of the group may require additional team members). The Team Coordinator shall designate a Team Leader. Team members who have responded to the incident should not be debriefers.

E. Team members should coordinate a time and location to meet prior to the debriefing to discuss the incident, any available resource information and the approach to be used during the debriefing. At times, they may wish to visit the incident site before the debriefing.

F. Debriefing process considerations include:
1. The location selected for the debriefing should be free of distractions and represent a neutral environment; i.e., school, church or other meeting facility. Troop/section facilities may also be utilized if appropriate to the circumstances.
2. All DSP personnel involved in the incident will attend a **mandatory** debriefing. Exemption to the mandated attendance is at the discretion of the CISM Team Leader. All emergency personnel (i.e., Communications, EMS, hospital emergency staff, other law enforcement agencies) should be invited to the debriefing and encouraged to attend.
3. A time for the debriefing should be selected that is most convenient for as many responders as possible and for the team members.
4. Troop commanders/section chiefs are required to relieve personnel from duty during the debriefing. The environment should be free of interruptions, phone calls, radios and pagers
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G. Guidelines for debriefings

1. **Strict confidentiality** must be maintained. All information regarding agencies involved, situation debriefed and issues discussed shall not be divulged before or after a debriefing except with team members or as part of the team continuing education process.
2. No mechanical recordings or written notes will be made during a debriefing. It is up to the team to enforce this rule during the debriefing.
3. No media personnel (TV, radio, newspapers, etc.) will be allowed to attend a debriefing. To minimize the possibility during large debriefings that a member of the media may be present, it is paramount that those individuals in attendance be properly identified. In the event that these individuals are present without team knowledge,

phrases such as “Everything said here is off the record” may be helpful. This does not guarantee, however, that information will not be reported. Participants in the debriefing may not speak to the media either before or after the debriefing. Information provided to the media will rest with the Public Information Officer. The Program Coordinator/Team Leader may speak to the media, but only to educate about the process of CISM and to discuss the effects of stress following authorization of the Public Information Officer. All other inquiries should be referred to the Public Information Office.

4. Debriefings are not a critique of the incident. The team has no evaluation function of tactical procedures. The debriefing process provides a format in which personnel can discuss their feelings and reactions, and thus, reduce the stress resulting from exposure to critical incidents. The goal of the debriefing is to encourage ventilation of emotions, a rebalancing of the individual and the group,
and to educate group members regarding normal stress reactions.

5. General format for formal CISM

a. Introduction – To introduce intervention team members, explain process, set expectations.

b. Fact – To describe traumatic event from each participant’s perspective on a cognitive level.

c. Thought – To allow participants to describe cognitive reactions and to transition to emotional reactions.

d. Reaction – To identify the most traumatic aspect of the event for the participants and identify emotional reactions.

e. Symptom – To identify personal symptoms of distress and transition back to cognitive level.

f. To educate as to normal reactions and adaptive coping mechanisms, i.e., stress management. Provide cognitive anchor.

g. Re-Entry – To clarify ambiguities and prepare for termination of debriefing.

H. Referrals are made at the discretion of the debriefing Team Leader/professional clinician.

I. Team written reports of debriefings may be required by team procedures. Written reports should contain general information only and not a detailed account of the debriefing. Names and factual information regarding the event are not appropriate.

J. The CISM Team should follow-up with the debriefed troop/section in an appropriate period of time.

K. The potential need to debrief the debriefers must be considered by the debriefing team.

L. Following a line of duty death of a divisional member, a debriefing is mandatory. Debriefings should be mandated for the deceased member’s troop (shift)/section.

V. TEAM MEMBERSHIP

The following applies to team membership application and length of membership.

A. New members will be solicited through application and screened according to the following criteria:
1. Number of vacancies.
2. Current membership.
3. Availability of training funds/opportunity.
4. Must successfully complete an approved Basic CISM 2-day training course to be active as a CISM provider.
B. The DSP CISM team will also rely on the services as provided by:
1. The First State CISM
2. The DSP Reverend Clergy
3. The COPS (Concerns of Police Survivors) Program
C. Team member selection
The following is a list of criteria for selection of peer support personnel:
1. Sworn, civilian or retired member who has attained at least 5 years of service with the Division (retired members must have been a member of the team prior to retirement).
2. Emotional maturity
3. Respect of peers
4. Ability to maintain confidentiality
5. Sensitive of the needs of others
6. Willing to work as a team member
7. Willing to learn psycho-social processes
8. Agree to follow within one's own limits
9. Agree to follow established criteria
10. Basic CISM 2-day approved training course completed
11. Training is preferred in the following areas:
a. Advanced CISM approved course
b. Communication skills
c. Crisis intervention
d. Peer counseling
e. Advanced peer techniques
f. Traumatic stress and post traumatic stress
g. Psychology and social work
h. Line of Duty Death

D. To maintain active CISM, team members must complete an information update form and a Memorandum of Understanding for continued membership.

E. Any member wishing to resign from the team for any reason, he/she should discuss the matter with the Director of Human Resources or the CISM Team Leader and submit a written resignation within 30 days of notification.

VI. TEAM MEMBERSHIP DUTIES AND RESPONSIBILITIES

CISM team members consist of law enforcement, emergency responders, public safety service providers, medical personnel, mental health professionals and chaplains, along with other safety service specialty providers who have a commitment to "helping the helper" through the Division's CISM team.

A. Their duties and responsibilities include the following:
1. Serve as a team member for CISM interventions assigned by the on duty Team Coordinator.
2. Often initiate the first contacts with those who are showing signs of distress after exposure to a critical incident.
3. Contact the on-duty Team Coordinator to begin the set up process for the services of the CISM team when appropriate.
4. Serve as the eyes and ears of the CISM team and is alert to the signs and symptoms of potential stress problems.
5. Take on an active role in debriefings.
6. Provide basic on-scene support services to individuals who are showing signs of distress during an incident.
7. Provide peer counseling if they have been properly trained to do so.
8. Call for Mental Health Assistance when their training and resources are exceeded.
9. Assist in providing follow-up after defusings, debriefings and other interventions.
10. Remain informed of the CISM team operating policies and procedures.
11. Serve as a member on CISM general committees as requested.
12. Assist the Program Director, Team Coordinators and mental health professionals as necessary.
13. Report interventions to mental health professionals on the CISM team who guide them in their work.
14. Assist the team in CISM-related topics.
15. Function only within the limits of their training.
16. Maintain strict confidentiality concerning communication with or between divisional members undergoing any CISM team initial or ongoing intervention.

VII. CISM TEAM TRAINING

A. Basic
All those wishing to serve on the CISM team must complete a mandatory 2-day seminar taught according to the standards of the ICISF.
B. In-service
Cross training: Required for all new members. Mental health and clergy professionals who are not themselves emergency service providers will be required to spend time riding with emergency service units. The Program Coordinator is responsible for making this training available. The training will consist of a minimum of two shifts with a trooper or with a designated communications center.
C. Continuing Education
1. The Team will meet every other month for at least 4 hours of ongoing continuing education covering a variety of areas related to CISM. These may include additional information in defusings, demobilizations, nutrition, peer support and other timely matters. In addition, to any other training provided. Prior to the beginning of each calendar year the Team Coordinator will notify all team members of the upcoming training dates for that year.
2. All members are required to attend at least 4 of the 6 scheduled yearly training events. Team members not fulfilling this requirement will be released from team membership unless they can show just cause (FMLA, Extended Injury/Illness, Court Commitment) as to why they missed training.

VIII. TEAM COORDINATOR, Co-COORDIANTOR AND TEAM LEADER

The Coordinator of the DSP CISM team shall be in charge of the day-to-day operations of the team. The team and its partners (First State CISM, COPS, etc.) shall work together to ensure that the appropriate interventions are provided to agencies in need of CISM education topics, on-scene support services, defusings, debriefings, referrals, family support and follow-up services. The Coordinator shall be responsible for recruitment and retention of team membership.

The Coordinator will perform the following tasks:

A. General management of the CISM team.

B. Representing the team at public safety service, healthcare-related and community meetings.

C. Solicit support from public safety service and healthcare provider organizations

D. Co-leading team meetings with program partners.

E. Sponsoring regular team meetings.

F. Develop and maintain relationships with agency administrations, Red Cross and other community groups.

G. Provide and develop continuing education programs for team members

H. Provide and develop educational opportunities for continuing education to public safety service and healthcare providers relating to CISM topics.

I. Assist in the selection of appropriate members for the team.

J. Assist in the writing of team policies and procedures.

K. Establish a peer review board to correct problems on the team.

L. Develop a quality assurance program for the team.

M. Maintain records of team activities.

N. Maintain a current referral list.

O. Arrange workshops, seminars and lectures to enhance team educators.

P. Maintain the most up-to-date research, findings and theories of public safety service and healthcare provider stress, occupational stress, critical incident stress, post traumatic stress disorder and other related topics.

Q. Maintain association with national and international organizations which foster critical incident stress work.

The Co-Coordinator will assist the Coordinator in the performance of his/her duties as directed or in the absence of the Coordinator.

The Team Leader will be responsible for the coordination of team responses as well as assigning debriefing leaders for those responses. Consideration should be taken in making those assignments related to:

A. Type of Incident.

B. Number of persons to attend debriefing/defusing.

C. Group dynamics of those being debriefed/defused (Specialized unit, family members, etc.).

D. Team members available.

E. Experience of Team members available.

F. Team member(s) available with similar experience related to the specific type of incident.

IX. MENTAL HEALTH PROFESSIONAL TEAM MEMBERS

Mental health professionals are people who hold advanced degrees (Master or Doctorate) in a mental health field and work in one or more mental health services as a provider to a community health center, crisis center, hospital or a private practice. Mental health professionals donate their time and services with a CISM team when a debriefing is being provided. They may provide consultation and guidance to CISM team peer support personnel, assist with education of the
team and agencies served by the CISM team.

Mental health professionals who have agreed to be on the CISM referral service list will be utilized when more intense services are needed or long-term counseling are needed for personnel. It is reasonable that a fee for services would be expected for this type of on-going service. Mental health professionals who are on the referral list do not participate as members of a debriefing team. Mental health professionals perform CISM services under the guidance of the Program Director.
Mental health professionals will perform the following tasks:
A. Psychological leadership during the debriefing.
B. Assistance in maintaining current referral list.
C. Assistance with the education of the team.
D. Assisting the Program Director and on-line Team Coordinator if a debriefing request is appropriate.
E. Assistance with follow-up services.
F. Actively participate in cross training.
G. Attend team meetings.
H. Assistance with interpretation of data collected by the team.
I. Provide clinical guidance to peers who have intervened in traumatic events.
J. Assistance in the selection of team members.
K. Represent CISM team before a mental health organization, emergency services, public safety services, healthcare providers and the public.

X. CLERGY TEAM MEMBERS

Clergy can be both active emergency service providers and/or certified mental health professionals. To avoid confusion, clergy who are certified mental health providers will serve the CISM team in a mental health professional role. They will provide their ministry to the CISM team by functioning as an active listener with a concerned presence to those experiencing pain from a traumatic event. Clergy must be careful not to impose a given religious perspective to emergency personnel who have not initiated the request. Personnel who have experienced a faith crisis as a result of a traumatic event and are seeking spiritual support will generally be both receptive and welcome spiritual support the clergy can provide. The clergy provides a uniquely powerful role to the CISM team.

Clergy may be asked to lead group prayer in an especially distressing situation or community-wide event. Clergy who do not have an emergency field background will be asked to cross training like other mental health professionals.

Clergy team members will perform the following tasks:
A. Psychological leadership during debriefings.
B. Assistance with education of the team.
C. Assistance with follow-up services.
D. Actively participate in cross training.
E. Attend team meetings.
F. Assistance with interpretation of data collected by the team.
G. Assistance in the selection of team members.
H. Provide spiritual support and a religious perspective when appropriate to those who have experienced a traumatic event.
I. Represent the CISM team before community organizations, peer support personnel, emergency service, healthcare providers and public safety providers.

DELAWARE STATE POLICE
STRESS MANAGEMENT TEAM
Intervention / Debriefing Team Report

Date of Report: _____
Date of Incident: _____
Date of Debriefing: _____
Agency Name:
_____
_
Debriefer Name:
_____
Nature of Incident:
_____
Signature

_____
Print Name

DELAWARE STATE POLICE
CRITICAL INCIDENT STRESS MANAGEMENT TEAM
MEMORANDUM OF UNDERSTANDING

I, _____, the undersigned, agree to membership
(print name)
into the Delaware State Police Critical Incident Stress Management Team, such membership requires the following commitment and obligations:
1. Attendance at mandatory certification training / seminars.
2. Attendance at additional training sessions as may be required.
3. Completion of cross-training as may be required.
4. Attend quarterly team meetings.
5. Complete any required records or paperwork.

6. Revocation / suspension of my membership will occur under the following circumstances but is not limited hereto:

A. If I fail to maintain strict confidentiality regarding CISM debriefings held, including topics discussed and personnel involved. Any breach in confidentiality will result in immediate removal from the team and the program.

B. If I fail to follow all local protocols and directives regarding CISM activity.

C. If I organize or in any way attempt to organize a debriefing without the Program Director / Team Leader's prior knowledge and approval.

D. If I organize or in any way attempt to organize any CISM management activity or program without the Program Director / Team Leader's prior knowledge and approval.

E. If I go to the scene or place of an incident to act on behalf of the CISM program or the Team without the prior knowledge or consent of the Program Director / Team Leader.

F. If I fail to be present at an assigned debriefing or activity when I have made a commitment to do so.

G. If I act against the express direction of the Program Director / Team Leader.

H. If I misrepresent the affairs or operations of the CISM program.

I. If I am habitually or continually absent from scheduled team meetings.

_____

_____

New Team Member Date Program Director Date

_____

_____

First State CISM Representative Date Team Leader Date