

DRAFT

UNITED STATES ARMY CORPS OF ENGINEERS

**Critical  
Incident  
Stress  
Management  
(C.I.S.M.)**

Standard Operating Procedures and Policies

# DRAFT

UNITED STATES ARMY CORPS OF ENGINEERS

## CISM Standard Operating Procedures and Policies

---

National Product Delivery Team Points of Contact  
Project Managers: Tim Gibson and Kris Brown  
Program Managers Larry Bogue and Terry Holt

# DRAFT

## Table of Contents

MISSION STATEMENT.....	1
INTRODUCTION.....	1
BACKGROUND.....	4
DEFINITIONS.....	4
PROGRAM DESCRIPTION.....	5
Education.....	5
Corps Elements of CISM Interventions.....	5
PROGRAM ORGANIZATION.....	7
Steering Committee.....	7
National Critical Incident Program Management Team.....	7
Program Manager.....	7
Subject Matter Expert.....	7
Regional Subject Matter Expert.....	7
Disaster Program Manager.....	7
Military Contingency (SME).....	8
Mental Health Professional (MHP).....	8
Peer Supporter Cadre (PSC).....	8
Selection of Peer Supporters.....	8
Revocation or Suspension of Peer Supporter.....	9
Procedures for Disciplinary Action or Grievances.....	10
Peer Supporter Training.....	11
Peer Supporter List.....	11
Critical Incident Response Team (CIRT).....	12
Local CIRT.....	12
Civil Disaster CIRT.....	13
Military Deployments/Contingency CIRT.....	13
DEPLOYMENT AND OTHER PROGRAM AREAS.....	13
Deployment of CIRT.....	13
Confidentiality/Ethics.....	14
TYPES OF INTERVENTIONS.....	14
Initial Defusing.....	14
Formal Debriefing Session.....	15
One-on-One Intervention.....	15
Crises/Disaster Intervention.....	16
Pre-Crisis Preparation.....	16
ON-Scene Services.....	16
Demobilization.....	16
Crisis Management Briefing (CMB).....	17
Follow-up.....	17
Referral.....	17
ADDITIONAL PROGRAM GUIDELINES.....	17
Standard of Care.....	17
Follow-up Notice.....	17
Media Inquiries.....	17
Non-investigative Function.....	17
Debriefing Delay.....	17

# DRAFT

Compensation .....	18
Multiple Session .....	18
Proper Dress .....	18
Peer Supporter Health .....	18
Program SOP Revision .....	19
Data Reporting .....	19
Legal Issues .....	19

## Appendices

APPENDIX A	
CISM Authorization Memo dated Sept. 2003 .....	21
APPENDIX B	
Terms .....	2
3	
APPENDIX C	
Acronyms .....	26
APPENDIX D	
Incident Request Form .....	28
APPENDIX E	
Critical Incident Response Team (CIRT) After Action Report (AAR) .....	30
APPENDIX F	
CISM Peer Supporter Application Form .....	32
APPENDIX G	
CISM Peer Supporter Application Acceptance Sample Letter .....	35
APPENDIX H	
CISM Peer Supporter Application Rejection Sample Letter .....	36
APPENDIX I	
CISM Jump Kit Tool Box .....	37
APPENDIX J	
CISM Intervention Quick Reference Guide .....	39
APPENDIX K	
CISM Program Costs .....	46
APPENDIX L	
CISM Implementation Timeline .....	48
APPENDIX M	
CIRT Deployment Checklist .....	49

DRAFT

Tables

Deleted: ¶

TABLE 1  
Southwestern Division CISM Program Yearly Intervention Tracking.....51

## Mission Statement

The mission of the CISM program is to provide education, support, and assistance to USACE employees for incidental or cumulative critical incident stress experienced in the performance of their jobs and/or in the event of major civil emergencies, natural disasters, or military contingencies.

## Introduction

The U.S. Army Corps of Engineer's Strategic Vision addresses the full spectrum of missions essential to serving the nation. Many of these missions require that employees be exposed to incidents, accidents, fatalities and large-scale disasters. Whether under conditions or events of peace or war-fighting, employees may experience unusually strong physical or emotional reactions to events that may interfere with his or her ability to function after the occurrence. Such incidents are called critical incidents. The U.S. Army Corps of Engineers Critical Incident Stress Management (CISM) program is a comprehensive program being developed to help employees minimize the adverse impacts of stress and to assist those who are adversely affected by critical incidents recover more quickly from their normal reactions to abnormal events.

Commanders are responsible for the well being of their personnel and operational readiness of the command. Missions may require personnel to perform duties in harsh environments and in the face of great human tragedy and suffering. Personnel may experience stress, frustration, and empathy with those involved in a traumatic incident. Individual responses to these incidents should not be discounted or repressed. The strategy implying "you'll get used to it" or "it comes with the job" is ineffective to help personnel cope or to optimize

employee job performance. Unmitigated stress can lead to burn out, post-traumatic stress disorder (PTSD), substance abuse or other personal and mental health problems. These disorders adversely affect the ability of personnel to perform their jobs and may cause domestic difficulties.

Responses to stress may be immediate and incident specific, or they may be delayed for a period of time after an incident. Additionally, they may be cumulative, building up over a long period of time and be the result of exposure to many individual incidents. A large range and combination of factors can affect an individual's response to stress. Such factors include individual personal qualities, past experiences, and the availability of resources for intervention. CISM can proactively educate members about stress and stress management prior to their exposure to traumatic or catastrophic events. The program is also reactive in that it activates CISM team members during and after critical incidents in order to provide emotional support and professional referrals for those impacted by the events.

This is the Standard Operating Procedure (SOP) for strategic and proactive deployment of the U.S. Army Corps of Engineers CISM program. It should be used to guide Commanders in fully implementing and utilizing all CISM and Peer Support Programs. This document provides commanders with a tool to help build a team skilled in helping personnel to cope with the stresses that are often associated with critical incidents.

## Background

A critical incident has been defined by Jeffery Mitchell, Ph.D., as, "Any situation faced by 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 personnel".<sup>1</sup> A critical incident has also been described as any event that overwhelms the capacities of a person to psychologically cope with the incident. USACE CISM will utilize the critical incident stress management model as advocated by the International Critical Incident Stress Foundation (ICISF), and developed by Jeffery Mitchell, Ph.D. and George S. Everly, Ph.D.. All references herein, to relevant terms or procedures, shall conform to this model unless otherwise stated.

Southwestern Division (SWD) successfully implemented this model in an inter-district CISM program beginning March 2002. Several types of interventions, debriefings and defusings, have taken place due to a dedicated field driven effort ([Table 1](#)). In May 2003 the Chief of Engineers, General Flowers was briefed on lessons learned from the SWD program. A memo, signed in Sept. 2003 (see [Appendix A](#)) by General Flowers authorized the establishment of a National Project Delivery Team (PDT), subsequently to be under the direction of SWD.

## Definitions

Terms and acronyms used in this SOP are defined in [Appendix B](#) and [Appendix C](#) respectively.

---

<sup>1</sup> Mitchell, Jeffery, T.' When Disaster Strikes...The Critical Incident Stress Debriefing Process; JEMS, January, 1983,; pp. 36-39

## Program Description

An effective CISM Program is designed to educate personnel about the effects of stress, to support the physical and mental health of employees, to facilitate employee's in selecting healthy life choices and options, and to assure that all employees are treated with dignity and respect during crisis situations. This may be accomplished through CISM training, education, interventions, selection of peer supporters, deployment, diffusing, formal debriefing, follow up services, individual consultations, and if necessary, referral to the Employee Assistance Program (EAP).

**Education:** An aggressive CISM orientation/information effort will be essential in order to successfully introduce and maintain program visibility within the U.S. Army Corps of Engineers. Information may be distributed through manager/supervisor briefings, the Division and District intranet sites, EAP presentations and employee briefings, ranger conferences, and produced media resources. Educational program topic areas should minimally include the following:

- The nature of stress
- Specific job stressors
- Causes of critical incident stress
- Signs and symptoms of stress
- Survival strategies of stress
- The Critical Incident Stress Management Program
- Access to the CISM Program

**Core Elements of CISM Interventions:** CISM interventions are multifaceted and can be applied to individual, group, or organizational needs.

The following chart describes the versatility of the potential support interventions.

Intervention	Timing	Activation	Target/Focus	Format
Critical Incident Stress Defusing (Defusing)	Post-crises 8-12 hours	Symptom or Event Driven	Mitigation of symptoms. Possible closure. Triage.	Small groups
Critical Incident Stress Debriefing (CISD)	Post-crises 1-2 days 3-4 weeks post-mass disaster	Symptom or event driven.	Symptom mitigation. Facilitate psychological closure. Triage	Small groups
Individual crises intervention 1:1	Anytime	Usually symptom driven.	Symptom mitigation. Return to functioning, if possible or referral if needed.	Individuals
Pre-crises preparation and education	Pre-crises	Anticipation of a crises response.	Target expectations. Improve coping skills and stress management	Groups dealing with emergency operations and mass disasters.
Demobilizations & staff consultations.	Shift disengagement/ Return to normal duty	Event driven	To educate and inform, allow for psychological decompression	Groups dealing with emergency operations and mass disasters
Crises Management Briefing	Post-crises			
Follow-up	Approximately 30 days post intervention for CISD and 1:1	Symptom driven	Access to higher level of care/ Employee Assistance Program	Individuals
Referral Assistance	Anytime	Symptom driven	Enable access to higher level of care/ Employee Assistance Program	Individuals

## Program Organization

The **CISM Implementation PDT** will serve as the initial champions of the program and have program implementation responsibilities. The members shall include:

- HQ SES as Program Manager
- Project Manager
- Subject Matter Experts (SME) from MSCs
- Emergency Support Function (ESF) #3
- HQ Chaplain
- HQ SME
- ICISF Mental Health Professional (MHP)

**The National Critical Incident Program Management Team (NCIPMT)**, after implementation is complete, will provide overall program management. This includes, but is not limited to an annual program evaluation, assessing the need for peer supporter replacement due to attrition, and monitoring program quality to ensure that the program is maintaining the ICISF standard of care.

**Program Manager** is a member of the NCIPMT and responsible for the overall management of the program. Management includes oversight of the team and funding requirements.

**Regional Subject Matter Expert (SME) (one per Division)** is a member of the NCIPMT and responsible within their Division to serve as the regional program manager for:

- Recruiting peer supporters
- Evaluation of local incidents
- Formulation of Critical Incident Response Teams (CIRT) for their region
- Regional education and training
- Incident support and reporting
- Awards and recognition recommendations

**Disaster Program Manager (ESF-3 Team Leader)**

Under the U.S. governments Federal Response Plan, the U.S. Army Corps of Engineers (USACE) is the Executive Agent on behalf of the Department of Defense to accomplish Emergency Support Function #3 (ESF #3), Public Works and Engineering when the President declares a disaster. Following a public emergency, a disaster program manager or ESF-3 team leader is selected from the NCIPMT and is responsible for integration of the CISM program to support USACE employees deployed either to a civil emergency or a civilian deployment to a war zone.

**HQ Chaplain** is a member of the NCIPMT and will provide pastoral support to the program.

**Mental Health Professional (MHP)** (Contract with International Critical Incident Stress Foundation): The MHP is a member of the NCIPMT and is responsible for oversight of the standard of care. Some duties may include:

- Assisting in selection of peer supporters
- Conducting periodic reviews of team records and services
- Overseeing the mental health aspects of team services
- Developing appropriate continuing education programs
- Offering clinical guidance to the Program Manager, RSMEs and peer supporters

**Peer Supporter Cadre (PSC)** is a select group of individuals who would handle most of the one-on-one contacts as well as defusings and follow up contacts. Another important duty is to provide stress education to their peers.

### **Selection of Peer Supporters**

Employees interested in serving as peer supporters may apply to the RSME, which is charged with making recommendations to the NCIPMT. The selection process begins with completion and submission of an application form, which must be signed by the applicant's supervisor and a letter of recommendation from a co-worker in good standing. Peer supporters are to be replaced through attrition. The NCIPMT will select individuals that are qualified and suited to a highly skilled level of interpersonal communication. Following selection, the peer supporter will serve a minimum one-year probationary period as a trainee/intern. During this probationary period, the trainee/intern will be evaluated by the RSME and either approved or disapproved for continuance in the program. The trainee will be evaluated on the basis of successful implementation of procedures and practices outlined in this manual and the absence of failure in carrying out the accepted [Standard-of-Care](#) outlined in their training.

Due to the need for continuous training and practice, to develop the skills necessary to become an effective peer supporter, length of assignment and service to this program is indefinite, subject to the SOP, team member's availability, and the mission requirements of his/her job duties. Peer supporters are encouraged to stay active members of the cadre upon job relocation or reassignment within USACE, subject to the approval of the new supervisor.

### **Revocation or Suspension of Peer Supporter**

Membership from the PSC may be revoked by recommendation of the RSME, Contract Trainer, or on advice of a qualified EAP professional to the NCIPMT. Typically, a decision is rendered after a review of the facts

of the event. The following may be considered grounds for revocation or suspension as a peer supporter:

- (1) Breach of confidentiality as outlined in formal training and the standard of care.
- (2) Failure to follow SOP, policies and procedures.
- (3) Providing a CISM response without notification of the RSME.
- (4) Not conforming to the “standard of care” as required in approved training.
- (5) Using one’s membership to take advantage of CISM participants (e.g., enhance one’s personal social life).
- (6) Failure to be present at an assigned intervention unless an exception is approved.
- (7) Consistent unexcused absences from training/meetings.
- (8) Acting against the direction of the RSME.
- (9) Misrepresenting one’s level of training or stated policies and procedures.
- (10) Failure to complete required team paperwork.

#### **Procedures for Disciplinary Action or Grievances**

The NCIPMT shall evaluate any complaint, grievance or other action alleging possible violation of CISM procedures or policies by a CISM team member(s). A complaint should be submitted in writing to the NCIPMT or the RSME. The RSME will provide a copy of the complaint or grievance to the member(s) since disciplinary action may be necessary if allegations are confirmed. The member will have the opportunity to respond in writing within five (5) days. The RSME shall file a written report and recommendations to the NCIPMT within ten (10) days of notification.

Designated members of the NCIPMT shall meet to discuss the complaint or grievance by phone with the member(s) within seventy-two (72) hours of receipt of the report. The NCIPMT or the RSME may contact the

person or person(s) making the complaint or grievance to obtain further information or clarification. In the event the complaint or grievance alleges that a RSME violated CISM procedures or policies, the RSME will not participate in the disciplinary investigation or evaluation under this section. Other members of the NCIPMT will write the report, make recommendations and render a decision.

The NCIPMT will consider the recommendation of the RSME and the statement of the member in their decision within five (5) days of the meeting.

It is very important that the ICISF protocol be strictly followed at all times. Report of a team member's failure to do so will result in an evaluation of the team member's skills with the NCIPMT and the CIRT team leader. Depending on the outcome of that evaluation, additional training and/or removal from the team may be recommended. Disciplinary actions for this and other actions outside a member's scope of work and/or program procedures and policies can include probation, suspension, limited duty, or removal from the CISM program.

### **Peer Supporter Training**

Peer supporter personnel must attend ICISF training courses:

- Critical Incident Stress Management: Group Crisis Intervention
- Critical Incident Stress Management: Individual Crisis Intervention & Peer Support

After no more than two years, peer support personnel will attend an ICISF advanced training course to enhance effectiveness in CISM. Following Advanced Training, other pertinent or applicable CISM training topics may be selected/recommended by the RSME or NCIPMT in

order to advance team skill levels. Individual self-development opportunities and in-service training for peer support personnel are encouraged. In service training may include mentoring and shadowing experience and providing educational CISM presentations within USACE.

### **Peer Supporter List**

The NCIPMT will develop and maintain a peer supporter list that will be utilized for deployment to critical incidents. Once assigned to deploy to a specific incident, the responders will be referred to as the incident's Critical Incident Response Team (CIRT).

A 24-hour notification list shall be maintained by the NCIPMT to minimize response time. The NCIPMT will evaluate and verify that a response is appropriate. Responding CIRT member or members will be selected from persons not involved in the incident or with the affected employees. Again, the response may range in scope from a single individual as in the case of a "one-to-one" intervention or several peer supporters for group interventions.

Individual peer supporters must excuse themselves or the NCIPMT shall not designate or assign any peer supporter if any of the following conditions exist:

- (1) The peer supporter has played a significant role in the event.
- (2) The peer supporter has direct command or supervisory authority over any employee involved in the event.
- (3) The peer supporter and the affected employees are close friends.
- (4) The peer supporter works with the affected group on a regular basis.

- (5) The peer supporter may become involved as a part of an internal investigative body that may be given potential responsibility connected with the investigation of the event.
- (6) The peer supporter is a close relative of any affected employee.

### **Critical Incident Response Team (CIRT)**

There are three types of teams.

**Local CIRT:** A team assembled by the RSME, from available peer support members, will be deployed to carry out specific critical stress interventions. The team should consist of a team leader and one or more assistant peer supporters as circumstances warrant. To assure the quality of the process, the CIRT should consider contacting a Mental Health Professional on staff with the Employee Assistance Program (EAP). Based on their experience and training, the team leader will determine the necessity of an EAP provider. The criteria for this determination will include, but is not limited to, the magnitude of the incident, number of people involved, and perceived experience of the affected employees.

**Civil Disaster CIRT:** Three virtual – rotating CISM response teams mobilized to respond to Civil Disasters in support of USACE missions.

**Civilian Deployment to War Zones CIRT:** A CISM response team dedicated to responding to the special requirements of civilian deployments to war zones in support of USACE missions.

## Deployment and Other Program Areas

**Deployment of the CIRT:** Request for a CIRT can be made to the Division or District Command. Supervisors, Division/District Emergency Operations Team Leaders, or employees involved in the incident may submit written requests (facsimile and email are

acceptable) to the Division or District command and copy furnished to the RSME, immediate supervisor and directorate (see [Appendix D](#)). Activation is achieved by directive from the Division/District Command or in the event of Civil Emergency, the USACE Operations Center (UOC).

The RSME will notify the onsite manager that a team is being deployed, then “right-size” a deployment of qualified peer supporter(s) to onsite locations. However, deployment of the CIRT is automatic under the following critical incidents:

- (1) Line of duty death or serious injury
- (2) Employee suicide or unexpected death
- (3) Extended disaster response/mass disasters
- (4) Act of terrorism

Highly recommended for immediate deployment:

- (1) Difficult body recoveries
- (2) Difficult traumatic events, including CPR and critical emergency medical treatment
- (3) High-impact recovery operations, exposure to grieving public
- (4) Extended negative media exposure

**Confidentiality/Ethics:** Strict confidentiality must be maintained. All information regarding a situation debriefed and issues discussed shall not be divulged before or after a debriefing, except with team members or a part of the CISM team continuing education/quality improvement process. This exception includes information needed to investigate a possible disciplinary action or grievance concerning a CISM team member(s).

A team leader is to collect only statistical information on the intervention, its location, and/or recommendations. All personal information and responses volunteered by participants regarding the incident shall be held in strict confidence. Except where required by law, NCIPMT and CIRT members will not divulge such information or responses outside the context of the CISM function. Session participants will be asked to adhere to the same guidelines. As

required by intervention specific protocol, no written notes or mechanical recordings shall be kept. This constraint will be enforced by the CIRT.

The CISM team members are governed by the standards set forth by the Office of Government Ethics. Although all OGE rules are mandatory, some are particularly relevant. For example, employees shall not use public office for private gain or solicit or accept any gift or other item of monetary value from any person or entity whose interests may be substantially affected by the performance or nonperformance of the employee's duties.

Deleted: ¶

## Types of Interventions

Several types of interventions may be conducted depending upon the circumstances of a particular incident. See ([Appendix J](#)) for details and procedures for conducting interventions. They may be conducted on an individual one-on-one basis or ideally in small groups. The following types of interventions are most commonly utilized:

**Initial Defusing:** Initial informal defusing sessions should be held within 8-12 hours after the incident. A defusing session is a brief, spontaneous, non-evaluative discussion coordinated and conducted by a minimum of two peer supporters and held immediately following a critical incident. The defusing may be considered an emotional “triage”, in which a person can begin to talk about and explore their thoughts concerning the incident – a chance to “vent” feelings - in an informal, positive and supportive atmosphere. **It is NOT a critique of the situation.** Stress education and coping strategies will be emphasized. All personnel connected or directly involved in the event are encouraged to attend as a means of supporting fellow employees. Participation in the defusing is entirely voluntary. If an employee feels strongly about not attending, the employee may select to opt out. The defusing is entirely confidential and non-investigative. Personnel not connected with the event will not attend.

**Formal Debriefing Session:** The RSME and the onsite CIRT will determine the need for a formal debriefing session, typically after the initial defusing session has been held. If determined to be necessary, a formal CISD session will be typically conducted within 72 hours of the critical incident. In cases where severe stress or impact may be indicated, RSME and CIRT may request that a representative from the EAP attend the debriefing. Any request for on-site assistance from an EAP contract provider must go through the Corps' EAP contract representative. CISD sessions are confidential, non-evaluative discussions about the persons' involvement in the incident, their thoughts and feelings, and their stress reactions. All personnel involved in the incident are encouraged to attend to support their fellow employees although active participation is not mandatory. If an employee feels strongly about not attending, the employees may select to opt out. Individuals not involved in the incident will not be included in the debriefings. CISDs should be conducted at a location that provides space, privacy, and freedom from distractions. The selection of the debriefing site will be approved by the CIRT. The briefings may need to be delayed if a child is present at the debriefing, the press will not leave, spouses/family of employees are present, or survivors, victims, or non-Corps witnesses are present. Please note that CISDs related to long term disaster or deployment to a war zone may be conducted several weeks pre-deployment.

**One-on-One Intervention:** One-on-One interventions are voluntary and typically follow defusings or debriefings. One-on-One discussions are held entirely at the request of the employee. These are opportunities for individuals to raise issues not discussed within a group format. However, one-on-one interventions may be requested by an individual as a stand-alone intervention and not part of a previous defusing or debriefing. One-on-one sessions are confidential in nature and serve to stabilize the situation, acknowledge the personal crises, facilitate problem solving, encourage acceptance and the utilization of resources and coping skills, and hand-off to the EAP if needed.

**Crises/Disaster Intervention:** Several crises/disaster interventions are available to offer assistance to deal with the often stressful and demanding duties of emergency operations workers. They include **pre-crises preparation, demobilizations, and crises management briefings.** These interventions are not based on any self-disclosure. The intent here is entirely informational and for the purpose of helping the employee. Valuable information is offered to mitigate the effects of stressful situations that they may encounter. Each intervention has a role either before, during, or following a large-scale event related to emergency operations. Typically, activation of disaster interventions is accomplished at the command level or through the Emergency Operations Center (EOC). Pre-crises preparation, demobilizations, and crises management briefings are described as follows:

**Pre-Crisis Preparation:** This preparation involves a proactive educative program that addresses the setting of expectations for the high intensity stressors of emergency work. The setting of expectations serves as “psychological immunization.” In addition, pre-crisis preparation includes stress coping skills and also discusses the direct correlation between stress, trauma, and safety.

**On-Scene Services:** Three types of services may be provided. They are one-on-one interventions with rescuers who show obvious signs of distress, assistance to victims of the incident and consultation with the on scene site commander or command officers.

**Demobilization** – is a group intervention conducted following large-scale events. It is provided one time after the first exposure to the incident and/or after a mission is complete. It is designed to give information about the event and stress survival instructions.

**Crisis Management Briefing (CMB):** An intervention designed for large groups. It works well when addressing an intervention needed as a result of an act of terrorism, business/industrial crises and mass disasters. A CMB consists of credible representation of the facts, a brief period of questions and answers, and stress survival skills.

**Follow-up:** A follow-up is a very important step, which is accomplished approximately 30 days with post-CISD and one-on-one interventions. If required, this facilitates access to the EAP for an employee who may still be experiencing distress or has not had a lessening of symptoms. Session participants will be advised that they may expect a call at a later date to inform the employees of the availability of additional peer supporter or EAP resources if they might be interested in availing themselves of them.

**Referral:** A referral can be recommended to an employee for EAP assistance at anytime it is obvious an employee's needs are beyond the scope of the CISM program. The referral action of the CISM program is considered an essential component that supports and enhances the EAP.

## Additional Program Guidelines

**Standard of Care:** Peer support personnel shall be generally trained to utilize the critical incident stress management model and protocols as advocated by the International Critical Incident Stress Foundation (ICISF), and developed by Jeffery Mitchell, Ph.D. and George S. Everly, Ph.D.

**Media Inquiries:** Inquiries from the media will be directed to the appropriate Public Affairs Office.

**Non-investigative Function:** The CISM program, including debriefings, will not be used to critique the incident. The CIRT has no evaluative or investigative function, and will not become a review of tactical or operational processes. The CISM protocol is specifically constructed to help personnel discuss their feelings and reactions to an event, and to thereby reduce stress resulting from exposure to a critical incident. The goal of the CISD is to encourage ventilation of feelings in a supportive environment and to help those affected to make healthy life choices.

**Compensation:** Compensation shall follow Corps regulations with regard to compensation and pay (regular, overtime, comp time, credit hours, etc.).

**Multiple Sessions:** If a group requiring a debriefing/defusing session is too large (more than twenty persons), additional sessions will be held to accommodate smaller groups.

**Proper Dress:** Consideration of proper dress for peer supporters is important. Dress should be casual but not highly colorful. It could detract from the intervention. The wearing of uniforms is recommended only in appropriate circumstances, as might be the case for Park Rangers.

**Peer Supporter Health:** Just as it is the responsibility of the team to meet the needs of the responders in the field, it is also the responsibility of the team to take care of its own members after responding to a major event. This is called “debriefing the debriefers”. Peer supporters are certainly not immune from the affects of direct contact with highly stressful events or from dealing with people with raw human emotions. Peer supporters should be aware of the potential toll that their role as peer supporters can have on their lives. Proper breaks, food and rest are essential. Peers supporters should practice the same techniques that they teach with regard to handling stress. It is also true that team members should temporarily remove themselves from availability when their personal health and home life issues need more attention. An extremely important practice is to encourage team members to meet immediately after an intervention.

At minimum the following should be accomplished: quick review of the debriefing; attempt to understand what took place; RSME follow-up on involved CIRT members; and allow debriefers enough time to describe their own reactions. Teams should do a self-check before the team is released.

**Program SOP Revision:** This SOP is a living document and subject to revision based upon program adjustments related to intervention “standard of care” revisions, program demographics, program protocol, or program procedures. Any changes must be considered and evaluated by the NCIPMT and in turn sent forward to the appropriate level for approval and release. However, the same revision protocol shall not apply to the Incident Reporting Form. This is due to the need to constantly fine-tune the reporting form as the program is implemented.

**Data Reporting:** The CIRT team shall submit a post-deployment report to the RSME following each response. The final deployment report shall include a statement of travel and expenses referencing any applicable TDY or local travel orders. This report shall be completed and forwarded as soon as practical after the incident. Other summary reports detailed from after-action-reports may also be made to RSME and NCIPMT for the purpose of program administration, evaluation, and oversight. Again, no personal or confidential information shall be conveyed in any report. A CIRT After Action Report (AAR) is provided in [Appendix E](#) (After Action Report Form). Also, to assess the qualitative performance of the program an evaluation form may be offered to employees receiving assistance from the program. Completion of this form will be entirely voluntary and will not contain any question that would required the identity of the employee or any confidential information such as duty station or identification of any other individual.

**Legal Issues: Coming**

## APPENDIX A CISM Authorization Memo dated



DEPARTMENT OF THE ARMY  
U.S. ARMY CORPS OF ENGINEERS  
WASHINGTON, D.C. 20314-1000

REPLY TO  
ATTENTION OF:

CECW-ON

5 September 2003

MEMORANDUM FOR COMMANDERS, MAJOR SUBORDINATE COMMANDS

SUBJECT: Critical Incident Stress Management in the US Army Corps of Engineers

1. As many of you are aware, our Southwestern Division (SWD) has established a Critical Incident Stress Management (CISM) program for team members within their division. CISM is a peer-driven stress management program that combines pre-crisis preparation, stress education and post-event response to help people recover more quickly from abnormally stressful job-related incidents and trauma, collectively known as "critical incidents." CISM does not replace professional counseling and other services available to employees through the U.S. Army Corps of Engineers Employee Assistance Programs (EAP), but rather compliments that program.
2. CISM concepts were first developed during the 1970s and then widely applied in the 1980s for police, firemen, and other emergency personnel. The success of the program grew across the nation as other agencies sought help for their employees that were dealing with life changing stressful events. Today, CISM is accepted and used worldwide. The National Park Service, Bureau of Land Management, American Airlines, U.S. Air Force, Federal Emergency Management Agency (FEMA), American Red Cross, and many other private, county, State, and Federal agencies have successfully implemented the program.
3. The job duties of many Corps employees can expose them to many critical incidents. Some specific examples might include a park ranger performing cardiopulmonary resuscitation (CPR) on a drowning victim, an emergency operations response team member working long hours with disaster victims who have lost everything, a closely-knit work unit which has lost a team member due to suicide, or a tragic event such as the I-40 bridge collapse. A new and unexpected type of job-related critical incident that some of our Corps team members may experience is the sound of hostile gunfire or SCUD missiles while deployed overseas.
4. In its first year of activity, the SWD CISM program has met with considerable success, providing over 50 team members with services to mitigate the effects of job-related critical incidents. Word of the program has spread, and team members from other MSCs have been inquiring about how to bring this program to their areas.
5. Rather than have other divisions and districts re-invent the same wheel, I have decided to form a Project Delivery Team (PDT) to determine and propose the best

DEPARTMENT OF THE ARMY  
U.S. ARMY CORPS OF ENGINEERS  
WASHINGTON, D.C. 20315-1000

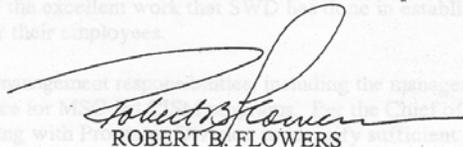
CECW-ON

SUBJECT: Critical Incident Stress Management in the US Army Corps of Engineers

way to establish a model national CISM program, suitable for adoption at the MSC Commander's option. The PDT will be comprised of elements from all MSCs and representative Corps functions - a separate letter will arrive shortly requesting nominations from your MSCs for participation on the PDT. Part of the PDT's task will be to assure that the model that they recommend will provide a uniform program and a recognized standard of care to all team members. I have tasked the Operations Division (CECW-O) at HQUSACE with establishing and coordinating the PDT.

6. A CISM webpage has been added to the Natural Resources Management (NRM) Gateway at <http://corpslakes.usace.army.mil/employees/cism/cism.html> where some information is already posted.

7. I fully support making the CISM program available to all of our Corps team members. It is an excellent example of how we, the Corps family, can help take care of our own people.



ROBERT B. FLOWERS  
Lieutenant General, USA  
Commanding



MICHAEL B. WHITE  
Chief, Operations Division  
Directorate of Civil Works

CC: COMMANDER, GREAT LAKES AND OHIO RIVERS DIVISION (CELRD-ET-CO-F)  
CC: COMMANDER, MISSISSIPPI VALLEY DIVISION (CEMYD-ET-OO)  
CC: COMMANDER, NORTH ATLANTIC DIVISION (CENAD-ET-O)

## Appendix B Terms

**Crisis Intervention** – Designed to prevent or mitigate Post Traumatic Stress Disorder (PTSD) and other stress related syndromes.

**Crisis Management Briefing (CMB)** – A large group crisis intervention (up to 300 people at a time). It is designed to last 45-75 minutes. The CMB may be thought of as a form of town hall meeting for the express purpose of crisis intervention.

**Critical Incident** – Any type of situation faced by employees which has the potential to cause unusually strong emotions and/or reactions which may interfere with employees' ability to function effectively either at the time or later. This incident may be the foundation for PTSD if it is not resolved effectively and quickly.

**Critical Incident Stress** – The emotional, physical, behavioral and cognitive reactions to a critical incident.

**Critical Incident Stress Management (CISM)** – An organized comprehensive approach to preventing the development of stress symptoms in persons exposed to the event and managing the recovery from stress symptoms if they occur.

**Critical Incident Response Team (CIRT)** – A group of peer supporters and a team leader assembled to carry out specific crisis interventions.

**Debriefing** – A structured group process that combines crisis intervention techniques with educational tools to mitigate the impact of exposure to a critical incident or trauma. Ideally it should be conducted within 24-72 hours of the event and lasting 1-3 hours. If possible it should be conducted at a neutral site.

**Defusing** – A shortened version of the critical incident stress debriefing. It is primarily educational in nature, provided in response to potentially traumatic events and accomplished as soon as possible

but within 8-12 hours of exposure to an event and lasting 30-40 minutes.

**Demobilization** – A brief intervention that is used immediately upon disengagement from the scene of a disaster (e.g., at the end of a shift) to help provide a transition between the world of the event and the world of routine. The focus is on symptoms workers might experience and useful self care suggestions.

**Employee Assistance Program (EAP)** – A contracted program that provides confidential and professional assistance to help resolve problems that are affecting employees and their families.

**ENGLink**- A Corps-wide multi-purpose database used primarily by the Readiness community.

**International Critical Incident Stress Foundation (ICISF)** – A Foundation that developed the critical incident stress model used by the US Army Corps of Engineers. Peer supporters are certified through training sponsored by this foundation.

**Mental Health Professionals (MHP)** – People that hold advanced degrees in mental health field and work as a mental health provider. They may share the leadership with the 2-4 member CISM team assigned to provide a formal debriefing. The mental health professionals on the team have the final decision on matters of significant psychological importance.

**National Critical Incident Program Management Team (NCIPMT)** – A team comprised of a Program Manager, Subject Matter Experts (SMEs), Disaster Program Manager, Military Contingency SME and a Mental Health Professional. Duties include program management, credentialing CISM personnel, National training program, awards and recognition.

**Peer Supporter** – Handle most of the one-on-one contacts as well as defusings and follow up contacts. They provide stress education to their peers.

**Post Traumatic Stress (PTS)** – Stress response produced when a person is exposed to a disturbing traumatic event. Synonymous with critical incident stress.

**Post Traumatic Stress Disorder (PTSD)** – Formally recognized psychiatric disorder that can result from exposure to a critical incident or trauma and occurs at a minimum of 30 days after an event.

**Regional Subject Matter Expert (RSME)** – A MACOM/Division representative and a member of the NCIPMT. Responsibilities include recruiting peer supporters, regional education, evaluation of local incidents, formation of CIRT's, regional training, incident support and reporting, awards and recognition recommendations.

**Stress** – The physical and psychological process within the individual that results from perceiving an event as a threat and perceiving limited choices in dealing with the threat. It can put people at risk for various health related issues.

**Trauma** – An event that attacks the psyche and breaks through the defense system with the potential to significantly disrupt a person's life possibly causing a personality change or physical illness if not managed quickly or effectively.

## Appendix C Acronyms

**AAR** - After Action Report

**CISD** - Critical Incident Stress Debriefing

**CISM** - Critical Incident Stress Management

**CMB** - Crisis Management Briefing

**CONUS** - Continental United States

**CIRT** - Critical Incident Response Team

**EAP** - Employee Assistance Program

**ICISF** - International Critical Incident Stress Foundation

**MHP** - Mental Health Professionals

**MSC** - Major Subordinate Command

**NCIPMT** – National Critical Incident Program Management Team

**OCONUS** – Outside Continental United States

**PSC**-Peer Supporter Cadre

**PTS** - Post Traumatic Stress

**PTSD** - Post Traumatic Stress Disorder

**RSME** – Regional Subject Matter Expert

**SME** – Subject Matter Expert

**SOP** – Standard Operating Procedures

**UOC-** USACE Emergency Operation Center

**USACE-** United States Army Corps of Engineers

**WMD-** Weapons of Mass Destruction



What else do you feel the CISM Team should know?

---

---

---

---

---

---

---

---

---

---

---

CC: Division/District Commander  
RSME  
Supervisors  
Directorate/Division Chief

## Appendix E Critical Incident Response Team (CIRT) After Action Report (AAR)

Location of Incident: \_\_\_\_\_

Incident Name: \_\_\_\_\_

CISM Team Leader \_\_\_\_\_

How was Team Leader Contacted: \_\_\_\_\_

Date (s): \_\_\_\_\_ Number of Employees Contacted: \_\_\_\_\_

Number of Other Contacts: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_

---

---

---

---

---

---

---

---

Type and Number of Actions taken (debriefing, one-on-one, defusing, etc.)

---

---

---

---

---

---

Mental Health Professional (if applicable):

---

**Lessons Learned:**

---

---

---

---

---

---

---

---

---

---

**TDY Costs** \_\_\_\_\_

**Labor Costs** \_\_\_\_\_

**Other Costs** \_\_\_\_\_

**Total Costs** \_\_\_\_\_

# Appendix F CISM Peer Supporter Application Form

(Please Print or Type)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Division/District: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Cell: \_\_\_\_\_ Personal Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Critical Incident Stress Management and Crisis Intervention Training received (please attach certificates):

\_\_\_ Basic CISM (CISM: Group Crisis Intervention) from an ICISF approved instructor (**required**).

\_\_\_ Individual Crisis Intervention/Peer Support

\_\_\_ Advanced CISM

\_\_\_ Other (please specify below):

Type of Training	Organization	Date	Hours of Training
------------------	--------------	------	-------------------

_____	_____	_____	_____
-------	-------	-------	-------

—

Why do you want to become a Peer Supporter in the Critical Stress Management Program?

\_\_\_\_\_

\_\_\_\_\_

---

---

Describe how you handle stress in your own life.

---

---

What personal strengths do you have that you think will contribute to your effectiveness as a team member?

---

---

Have you even been involved in a formal group intervention following a critical incident? If so, what did you find helpful? What were the weaknesses?

---

---

Will your personal commitments allow you to respond to a Critical Incident within 12 to 24 hours?

---

---

Will your personal commitments allow you to be away from home for up to 3 to 4 days?

---

---

Do you have any related experiences that could assist you in being a peer supporter?

---

---

Please attach a written recommendation from a co-worker.

Please provide 2 references that are not relatives or related to work:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

Supervisor's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ recommend this applicant as volunteer in the US Army Corps of Engineers Critical Incident Stress Management Program.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix G CISM Peer Supporter Application Acceptance Sample Letter



DATE  
NAME  
ADDRESS

Thank you for your interest in the US Army Corps of Engineers Critical Incident Stress Management (CISM) program and submittal of your Volunteer Peer Supporter Application. Your qualifications and experience best match the program criteria.

Congratulations on being accepted as a CISM Peer Supporter. We appreciate your interest and look forward to working with you. Additional information regarding mandatory training will follow later. Please feel free to contact, (*type name of individual RSMEI*), who is your Regional Subject Matter Expert with any questions or comments.

Thank you again for your interest and support of the Critical Incident Stress Management program. A copy of this letter will be sent to your immediate supervisor and your Regional Subject Matter Expert.

Name

**NCIPMT**  
Cc: Supervisor  
RSME

## Appendix H CISM Peer Supporter Application Rejection Sample Letter



DATE  
NAME  
ADDRESS

Thank you for your interest in the US Army Corps of Engineers Critical Incident Stress Management (CISM) program and submittal of your Volunteer Peer Supporter Application. We were fortunate to have several qualified individuals complete the application questions. While your credentials are impressive, we have selected another applicant whose experience and qualifications best meet the program criteria.

We appreciate your interest and for giving us the opportunity to review your application. Also, we will keep your application on file for future reference, unless you request differently.

Thank you again for your interest and support of the Critical Incident Stress Management program.

Name

**NCIPMT**

## Appendix I CISM Jump Kit Tool Box

*The items in this kit are peer supporter intervention tools that can be assembled ahead of deployment.*

### **Personal Items:**

1. Toiletries
2. Hard hat
3. Steel toes and comfortable shoes
4. Appropriate dress including CISM gear
5. Rain gear
6. Sun screen
7. First aid items
8. Sunglasses
9. Identification name tag
10. Medications
11. Bottle water and snacks
12. Alarm clock
13. Money
14. Driver's License/Photo Identification

### **Miscellaneous:**

1. Cell phone with charger
2. Laptop with email capabilities include electrical outlet and modem line
3. Maps of area
4. Local EAP resources info
5. Notepad
6. Travel references
7. Hotel information

**CISM Materials:**

1. "Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and other Group Crisis Intervention Services" by Mitchell and Everly (the CISM bible).
2. "Critical Incident Stress Management (CISM): Individual Crisis Intervention and Peer support" by Mitchell and Everly (a CISM hymnal).
3. "Critical Incident Stress Management (CISM): Basic group Crisis Intervention" by Mitchell and Everly (a CISM hymnal)
4. Business cards
5. Quick reference cards
6. Educational handouts
7. CISM Standard Operating Procedures
8. Accident report forms
9. Team leader forms
10. Peer supporter and work phone lists
11. Signs for door: DO NOT ENTER; BRIEFING UNDERWAY; PLEASE DO NOT DISTURB (helpful if printed and laminated – professional appearance)
12. CIRT After Action Report
13. Hotel information for the area

## Appendix J CISM Intervention Quick Reference Guide

The following intervention procedures are steps to follow utilizing the Mitchell Critical Incident Stress Debriefing (CISD) model (Mitchell, 1983, 1988) relating to the seven (7) Stages of a CISD.

**Intervention Type:** Formal Debriefing Intervention

- **Introductory Phase**

Purpose: To introduce the Crisis Intervention Response Team and explain the process.

The Leader, explains the grounds rules:

Note: Personal information or feelings shared in the group during CISD are not to be shared outside the group

- No notes or recordings.
- No breaks are scheduled, but anyone may leave as needed, returning as soon as possible.
- No one is expected to speak after the Fact Phase.
- Each participant speaks for self, not others.
- Everyone is equal during CISD. All ranks speak frankly, with proper courtesy.
- CISD is not an AAR, but a discussion to clarify what happened and to restore sense of well-being.
- Fact-finding, not Fault finding.
- "Facts" include personal reactions the event.
- The Team is available following the CISD.

- **Fact Phase**

Purpose: Reconstruct the event in detail, in chronological order, as an unbroken "historical time line" viewed from all sides and perspectives.

The Leader encourages all participants to start their stories before the event occurred and to work up to it.

Participants—

- The first person involved in the event is asked to tell his version of the story- how it started, his role (duty position), and what he saw, heard, smelled, and did-step by step. One by one, participants are drawn into the first person's story and then asked to describe their observations and actions.
- The Chaplain/Leader encourages participation. Everyone is asked to speak.
- When disagreements over what occurred arise, the Chaplain/leader elicits group observations to clarify memories.

- **Thought Phase**

Purpose: To personalize the event.

The Leader facilitates transition from facts to the personal.

Participants are asked to share—

- "What were you thinking as the event started?"
- "What went through your mind when you saw, smelled, or did...?"
- "What was your first thought when you came off 'automatic' or 'autopilot'?"

- **Reaction Phase**

Purpose: Identify and ventilates feelings (emotions) raised by the event.

The Leader emphasizes that all emotional reactions deserve to be expressed, respected, and listened to.

Participants are encouraged to share "reactions":

- "What was the worst thing about the event?"
- "How did you react when it happened?"
- "How are you feeling about that now?"

- "If you could change one thing about the event, what would it be?"

Leader listens for common themes, feelings, and misperceptions—

- Feelings of anger at others for not helping.
- Blaming self or others for things beyond one's control.
- Feeling changed, different, worse than everyone else, cut off from others.

- **Symptom Phase**

Purpose: To identify personal symptoms of distress and transition back to cognitive level.

The Leader asks the participants to describe any physical or cognitive reactions to the event.

Participants are asked to talk about various ways in which they experienced symptoms of distress. If the group is reluctant to respond, the leader may want to ask the entire group to answer by a show of hands how many had one type of symptom or another. Common symptoms include—

- Gastro-intestinal distress
- Frequent urination
- Loss of bowel and bladder control
- Loss of sexual interest
- Heart pounding
- Shortness of breath
- Muscle, back, neck, and head ache
- Trembling, jumpiness, and startle reactions

This phase is typically five to ten minutes long.

- **Teaching Phase**

Purpose: To reassure by teaching the participants that feelings and stress symptoms are normal reactions to abnormal conditions.

Symptoms may last a while, but can be expected to resolve in time. If they don't resolve in time, seeking professional help is advised.

Leader summarizes the thoughts, feeling, and symptoms expressed by the group, reemphasize normality; and reduce feelings of uniqueness, weakness, or injury.

No predictions or glamorization of long-term disability should be given.

The Team may suggest additional training in stress management, coping strategies, grief process, and anger management at later dates.

- **Reentry Phase**

Purpose: Complete and close the CISD.

The Leader gives final invitation for comments and makes a summary statement. Follow-up resources are discussed.

- It is important for the CIRT Team personnel to make themselves available for follow-on conversations with individual participants following the CISD.

The next set of intervention procedures follow the Everly and Mitchell **Mass Disaster Critical Incident Stress Debriefing (CISD)** model (Everly and Mitchell, 1993) relating to the seven (7) Stages of CISD.

**Intervention Type:** Crises/Disaster Intervention

- **Introductory Phase**

Purpose: To introduce the Crisis Intervention Response Team and explain the process.

The Leader, explains the grounds rules:

Note: Personal information or feelings shared in the group during CED are not to be shared outside the group

- No notes or recordings.
- No breaks are scheduled, but anyone may leave as needed, returning as soon as possible.
- No one is expected to speak after the Fact Phase.

- Each participant speaks for self, not others.
- Everyone is equal during CISD. All ranks speak frankly, with proper courtesy.
- CISD is not an AAR, but a discussion to clarify what happened and to restore sense of well-being.
- Fact-finding, not Fault finding.
- "Facts" include personal reactions the event.
- The Team is available following the CISD.

- **Fact Phase**

Purpose: Reconstruct the event in detail, in chronological order, as an unbroken "historical time line" viewed from all sides and perspectives.

The Leader encourages all participants to start their stories before the event occurred and to work up to it.

Participants—

- The first person involved in the event is asked to tell his version of the story- how it started, his role (duty position), and what he saw, heard, smelled, and did-step by step. One by one, participants are drawn into the first person's story and then asked to describe their observations and actions.
- The Chaplain/Leader encourages participation. Everyone is asked to speak.
- When disagreements over what occurred arise, the Chaplain/leader elicits group observations to clarify memories.

- **Thought Phase**

Purpose: To personalize the event.

The Leader facilitates transition from facts to the personal.

Participants are asked to share—

- "What were you thinking as the event started?"

- "What went through your mind when you saw, smelled, or did...?"
- "What was your first thought when you came off 'automatic' or 'autopilot'?"

- **Reaction Phase**

Purpose: Identify and ventilates feelings (emotions) raised by the event.

The Leader emphasizes that all emotional reactions deserve to be expressed, respected, and listened to.

Participants are encouraged to share "reactions":

- "What was the worst thing about the event?"
- "How did you react when it happened?"
- "How are you feeling about that now?"
- "If you could change one thing about the event, what would it be?"

Leader listens for common themes, feelings, and misperceptions—

- Feelings of anger at others for not helping.
- Blaming self or others for things beyond one's control.
- Feeling changed, different, worse than everyone else, cut off from others.

Participants are asked to describe physical reactions to the event. Common symptoms include—

- Gastro-intestinal distress
- Frequent urination
- Loss of bowel and bladder control
- Loss of sexual interest
- Heart pounding
- Shortness of breath
- Muscle, back, neck, and head ache

- Trembling, jumpiness, and startle reactions

- **Reframe Phase**

Purpose: To transition from emotional reaction to the cognitive.

The Leader facilitates the search for meaning in the event.

Participants are encouraged to derive personal meaning in the event.

- "What lessons could be learned from this event?"
- "What is something positive that you will take away from this experience?"
- "What good can be found in this tragic situation?"
- "What are you proud of in this event?"

- **Teaching Phase**

Purpose: To reassure by teaching the participants that feelings and stress symptoms are normal reactions to abnormal conditions. Symptoms may last a while, but can be expected to resolve in time. If they don't resolve in time, seeking professional help is advised.

Leader summarizes the thoughts, feeling, and symptoms expressed by the group, reemphasize normality; and reduce feelings of uniqueness, weakness, or injury.

No predictions or glamorization of long-term disability should be given.

The Team may suggest additional training in stress management, coping strategies, grief process, and anger management at later dates.

- **Reentry Phase**

Purpose: Complete and close the CISD.

The Leader gives final invitation for comments and makes a summary statement. Follow-up resources are discussed.

- It is important for the CIRT Team personnel to make themselves available for follow-on conversations with individual participants following the CISD.

## Appendix K CISM Program Costs

The following intervention procedures are steps to follow utilizing the Mitchell Critical Incident Stress Debriefing (CISD) model (Mitchell, 1983, 1988) relating to the seven (7) Stages of a CISD.

- **Implementation & Program Management Costs**

Eight PDT USACE Members & One ICISF Member

**Implementation PDT Costs – FY05**

– Travel & Per Diem	\$35K
– Education Video & Distribution	\$15K
– ICISF MHP Contract	<u>\$10K</u>
Total	\$60K

**Program Maintenance Costs – FY06**

– Travel & Per Diem	\$20K
– Education Costs	\$15K
– ICISF MHP Contract	<u>\$10K</u>
Total	\$45K

- **Training Peer Supporter Cadre Costs**

The following costs are based on 28 Peer Supporters.

**FY05**

– Basic Training, 2 classes 4 Days	\$7K
– Travel & Per Diem	\$30K
– Incidentals	<u>\$2K</u>
Total-	\$39K

**FY06**

– Advanced Training, 1 class 2.5 days	\$4K
– Travel & Per Diem	\$30K

- Incidentals \$1K
- Total- \$35K

Bi-Annual Maintenance Training Estimate Total- \$35K

- **Typical Local Deployment Cost**

Critical Incident Response Team (CIRT), three day deployment (e.g. death of employee other traumatic event):

- Per diem & travel for three person team - \$1.6K
- Estimated 14 annual deployments - \$22.4K

- **Annual CISM Program Costs**

Estimated Costs:

- FY05 \$121.4K
- FY06 \$102.4K

Funding Sources:

- Line item at HQ
- Local Responses - MSC 59 account
- Civil Emergency Responses - FEMA ?
- Civilian Deployment to War Zone – TBD

## Appendix L CISM Implementation Timeline

- October 2004 – Anticipated approval by CG

- FY05 - Establish funding to support PDT
- FY05 - Determine primary proponent and funding source(s)
- FY05 - Establish regional SME and train peer supporters
- FY05 - Initial Standup of the Program
- FY06 - Advanced Training
- FY06 - Program Marketing
- FY06 - Program Evaluation and Adjustments
- FY07 and beyond - Annual evaluation, need for peer supporter replacement due to attrition, monitor program quality, and maintain standard of care.

## Appendix M CIRT Checklist

- 1.\_\_\_\_ Review “ASSESSING THE NEED FOR CISD” in the CISM Operational Manual, pages 144-146.
- 2.\_\_\_\_ Review CISM TIMELINE pages 200-201 in CISM Operational Manual.
- 3.\_\_\_\_ Confirm in writing, with appropriate authority, that a CIRT team is requested.

Also confirm if the response is outside SWD so that funds for travel and per diem are secure.

4. \_\_\_ Selection of CIRT team.
5. \_\_\_ Initiate CIRT deployment record. Provide to CIRT team leader.
6. \_\_\_ Confirm selection of CIRT team composition and team leader.
7. \_\_\_ Confirm and coordinate travel arrangements within the CIRT team.
8. \_\_\_ Exchange CIRT personal cell phone numbers prior to departure.
9. \_\_\_ Upon arrival, integrate into local command structure. Discuss the need for a case review, privacy issues, and the functionality of the CIRT team.
10. \_\_\_ Onsite, perform detailed case review. Are there adequate CISM resources for the job at hand? \_\_\_ Determine access to EAP/MHP trained in CISM. \_\_\_
11. \_\_\_ Secure suitable meeting room for CISD and one-on-ones.
12. \_\_\_ Perform CISD team strategy meeting that must include MHP.
  - a. Review the following pages in the CISM Operational Manual: 23, 94-96, 141-164, 194-196,
  - b. Determine homogeneous target group(s) for CISD.
  - c. Review peer supporter and MHP roles and rules for introduction.
  - d. Can this event be considered a “complicated CISM intervention?”
13. \_\_\_ Schedule and conduct CISD, mentally note potential post-CISD contacts if warranted.
14. \_\_\_ Conduct post-CISD CIRT meeting.
15. \_\_\_ Arrange for follow-up strategy and assignments.
16. \_\_\_ Arrange departure disengagement strategy.
17. \_\_\_ Complete a review draft of CIRT deployment record.
18. \_\_\_ Submit final CIRT deployment record to program management team.

Table 1 Southwestern Division CISM Program  
Yearly Intervention Tracking

2002 INTERVENTIONS				
DATE	LOCALE	TYPE INTERVENTION	LENGTH #DAYS	RESPONDERS
May 26	AK River (SWT) I-40	<b>Tragedy</b> - (1) crisis mgmt, (2) one-on-ones, (3) debriefings.	5	Terry Holt (Team Leader), Roger Howell, Karen Lichtenberg, Michael Diggs, JD Stigall, Duane Braxton, Margaret Johanning, Beth

**2004 INTERVENTIONS**

<b>2004 INTERVENTIONS</b>				
March		<b>FEST</b> One-on-one debriefings	3	
June	SWF	<b>Public Suicide</b> One-on-one debriefing	1	Paula Bennett
July	SWT	<b>Individual</b> Information Request	1	CIPMT member

