



PEER SUPPORTER APPLICATION INFORMATION

Important Applicant and Supervisor Information:

1. Completed self-nomination forms are to be provided to your CISM MSC subject Matter Expert by 24 November 2006.
2. The peer supporter must have supervisory approval to participate in the CISM program. Your supervisor's signature must appear on the form.
3. Per Diem, travel, and training expenses are paid for by the CISM program.
4. The peer supporter's organization must be responsible for all labor costs except when deployed to a FEMA assigned natural disaster in which case labor costs are provided by FEMA.
5. The peer supporter may expect annual 2-4 day training.
6. Peer supporters may expect to be in the program for an extended duration to build upon knowledge, skills, and abilities.
7. Peer supporters may from time to time choose to be inactive due to work and family related commitments.
8. The peer supporter must receive supervisory approval before being deployed for a period of time away from their regular job responsibilities.
9. A local deployment period of 3 days within the region is typical when called to respond.
10. The peer supporter may be asked to deploy for up to 30 days in support of co-workers at large scale disasters. If unable to deploy for 30 days, the applicant may still be selected to support the region with local and shorter deployments. Since deployments can be very strenuous, mentally and physically, on the peer supporter the 30 day guidelines are strictly enforced except in a rare situation where the peer supporter and the CISM board agree that an extended period is manageable.
11. The peer supporter must conduct themselves according a standard of care as specified in the Corps of Engineers National CISM Standard Operation Procedures Manual. (Please refer to attached excerpt from the National CISM Operations Procedures Manual.)

Additional CISM information may be found at the NRM Gateway:

<http://corpslakes.usace.army.mil/employees/cism/cism.html>

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12. Following selection, the peer supporter will serve a minimum one-year probationary period as an intern/trainee. During this probationary period, the intern/trainee will be evaluated by the program management team and either approved or disapproved for continuance in the program. Also, in the event of a violation of the Corps of Engineers National CISM Standard Operation Procedures Manual the peer supporter may be dismissed from the program by the CISM Program Management Team. For example, dismissal can result from CISM team observations, customer feedback, or on the advice of the CISM Trainer or the CISM Contract Consultant.

13. Peer supporters must be entered in ENGLink as a CISM peer supporter for potential deployment reasons.

14. The applicant's response to each question will be rated as "Very Good, Good, Satisfactory, Marginal, or Unsatisfactory." The applicant will then receive an aggregate rating.

15. Not all qualified applicants may be chosen due to limited program funding. Qualified candidate applications will be kept on file for possible future consideration as funding allows. All applications are held on file and kept confidential, with need to know access by members of the CISM group (selecting officials, trainers, etc.).

16. Although confidentiality is a major component of this program, the CISM PMT *cannot* guarantee confidentiality in all circumstances (i.e. preclude disclosure of information if requested in response to a specific court order or when requested in accordance with applicable laws and regulations).



PEER SUPPORTER APPLICATION

(Please Print or Type)

Name: _____ Date of application: _____

Job Title: _____

Division/District: _____ Duty Station: _____

Work Phone: _____ Home Phone: _____

Work Cell: _____ Personal Cell: _____

E-mail Address: _____

Emergency Contact Information:

Name: _____

Phone: _____

List any Critical Incident Stress Management and Crisis Intervention Training received to date. (Please attach certificates for any CISM related training.):

Type of Training	Organization	Date	Training Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, did you find it helpful and why? What were the weaknesses?

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

Will your personal and work commitments allow you to be away from home and office for up to 3 to 4 days on an emergency CISM deployment?

Will your personal and work commitments allow you to be away from home and office for up to 30 days on an emergency CISM deployment to a large scale disaster?

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

Please list any previous experience where interpersonal skills were important.

Please attach a written recommendation from a co-worker with contact information.

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

Name: _____
Phone number: _____

Name: _____
Phone number: _____

Applicant's Signature: _____ Date: _____

PEER SUPPORTER APPLICATION
Supervisor Section

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

(If as the applicant’s supervisor, you check “do not recommend”, please do not send to the MSC CISM Subject Matter Expert but notify the applicant that the application will not be forwarded for consideration based on your decision not to recommend or approve their participation.)

Supervisor’s Comments:

Supervisor’s Signature _____ Date: _____

NOTE - All supervisory approved self nomination forms should be submitted in a sealed envelop marked “Confidential-CISM Peer Supporter Application” and sent to your respective the MSC CISM subject matter expert listed below. The self-nomination application must be received by the date of (date) for consideration by the CISM Program Management Team and your MSC subject matter expert.

Participating MSC subject matter experts (SME) are:

Trans-Atlantic Command – Tom Waters	Pacific Ocean Division – Bruce Barrett
North Atlantic Division – Carmine Leone	Great Lakes & Ohio River Division – Melissa Salsgiver
South Pacific Division – Phillip Turner	*SAD – non-participating MCS
Mississippi Valley Division – Mark Roderick	*NWD – non-participating MCS

Excerpt from the Corps National Operations CISM
Manual regarding "Standard of Care." ...

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".¹ 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.

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

Definitions

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

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. government's 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 polices 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.

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.

Reduction of Liability and Risks: Liability and risks exist with the establishment of a Critical Incident Stress Management Program - not only to the Corps but also to the Corps employees who participate as team members in this program. However, the liability or risk can be reduced. The SOP includes procedures and policies for the establishment of the CISM program and contains many safeguards, which should be followed. In addition and to further emphasize, the following recommendations are provided to assist in the reduction of liability and/or the risks associated with the implementation of this program:

- All Corps CISM team members receive adequate training concerning the established standards of care and act accordingly.
- All Corps CISM team members receive adequate training concerning scope of employment and act accordingly.
- Establish a procedure for keeping the standards of care current (e.g. mental health professional with duties of oversight of the standards of care).
- Establish and maintain a CISM program quality control and assessment mechanism.
- Clearly defined roles and responsibilities of all involved, including Supervisors.
- Clearly define procedures and restrictions regarding services to Corps employees and non-Corps employees (disaster relief workers, contractors, etc.).
- Further explore and determine the need for District/Division Labor Counselors to be involved in grievances and disciplinary actions against CISM team members.
- Provide CISM services to all employees.
- Establish a Corps-wide standard for activation of a CISM team in order to provide consistency of services or benefits to all employees.
- Incorporate all Corps requirements and restrictions into the management and operation of the program (Reminder: standard rules apply

with regard to training contracts, overtime pay, travel, gifts, food for CISM activities, etc.)

- Inform CISM team members that risks do exist to them personally (e.g. found outside the scope of employment or when claims are based on the constitution or upon a federal statute (e.g., the Civil Rights Act)).
- CISM program should be compatible and consistent with the current health and well-being program guidance (e.g. EAP and Army Fit to Win-Stress Management)
- This program focuses on employee health and well-being, an area in which the Corps has authority to provide assistance. Based on the current information (9/30/04 version of the SOP), if the CISM program is operated in a manner consistent with current laws and regulations, within a reasonable and established standard of care and the CISM workers stay within their scope of employment, the risk and liability are greatly reduced. These recommendations may be revised or supplemented as the program evolves and solidifies. Since the manner in which the program is implemented and later managed can reduce or increase the legal risks associated with the program, it is recommended that ongoing coordination with Office of Counsel extend throughout the implementation and management of this program, if adopted.