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United States Coast Guard

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COMMANDANT INSTRUCTION 1754.3

Subj: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

Ref: (a) Critical Incident Stress Debriefing: An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services & Disaster Workers, Jeffrey T. Mitchell, Ph.D., George S. Everly, Jr., Ph.D., F.A.P.M.

1. PURPOSE. To establish policy for Critical Incident Stress Management (CISM), which assists those affected by traumatic events to cope with stress effectively. CISM includes pre-incident training and post-incident services to help those who have suffered a catastrophic experience.

2. ACTION. Area and district commanders, commanders of maintenance and logistics commands, and commanding officers of headquarters units, assistant commandants for directorates, Chief Counsel, and special staff offices at Headquarters shall ensure compliance with the provisions of this directive. Because CISM promotes their members' mental health and well being, commanding officers and officers-in-charge shall be familiar with CISM, training requirements, and the procedures to request support outlined in this directive.

3. APPLICATION. This Instruction applies to Team Coast Guard: regulars, reserves, auxilarists, civilian appropriated and non-appropriated fund employees, and dependent family members. The Coast Guard Work-Life Staff also shall provide CISM services to any other Uniformed Services member and his or her dependent family while the member serves with the Coast Guard or is located at a Coast Guard facility.

4. DISCUSSION. Commanding Officers and Officers in Charge are responsible under Coast Guard Regulations for the well being of assigned personnel and the operational readiness of the command. Search and rescue, law enforcement, and other humanitarian and emergency operations may require our members to perform their duties in harsh environments and in the face of great human tragedy and suffering. Our members may experience stress, frustration, and empathy with those involved in a traumatic incident. The affected individual(s) or their

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command should not discount or repress individuals' responses to these incidents. A strategy implying "You'll get used to it" or "It comes with the job" is ineffective to help members cope and leads to burnout, Post-Traumatic Stress Disorder (PTSD), substance abuse, or other personal and mental health problems. These disorders adversely affect our personnel's ability to perform their jobs and may cause domestic difficulties. This Instruction provides Commanding Officers and Officers in Charge with access to a team skilled in helping personnel to cope with the stresses that are often associated with critical incidents.

5. DEFINITIONS.

a. Critical Incident Stress Management (CISM). An integrated system of interventions designed to prevent and/or mitigate the adverse psychological reactions often accompanying disaster response functions. The CISM process is not therapy; its goal is to return the affected group or individual to their normal level of functioning. CISM concentrates on mitigating post-traumatic stress reactions. CISM has proved a means to assist personnel in dealing with the symptoms of Critical Incident Stress. The intervention process involves trained peers with oversight from experienced mental health professionals with advanced training.

b. Critical Incident. Any event with sufficient impact to produce significant emotional reactions now or later. Considered generally extremely unusual in the range of ordinary human experiences. (Mitchell, Everly, 1997, pg 80) Examples of critical incidents include these, among others:

(1) Crew member's death in the line of duty;

(2) Children's death or serious injury;

(3) Multiple fatalities or seriously injured survivors;

(4) Suicide, successful or attempted;

(5) Natural disasters;

(6) Class A or B mishaps;

(7) Use of deadly force;

(8) Grotesque injuries;

(9) Acts of terrorism;

(10) Acts of violence resulting in injury or even death; and

(11) Observing any traumatic event.

7. CISM TEAMS.

a. Training requirements. CISM teams shall be certified by any accredited "Mitchell Model" training source to provide the "Mitchell Model" for training and responding to critical incidents.

b. Composition. CISM teams shall consist of:

(1) Team Coordinator. This position normally shall be the Employee Assistance Program Coordinator (EAPC) assigned to the Work-Life Staff at the servicing Integrated Support Command or Headquarters Support Command.

(2) Mental Health Professional. This team member shall be a psychiatrist, psychologist, social worker, or other licensed mental health professional who has attended either the basic or advanced ICISF courses for CISM.

(3) Chaplain. The Chaplain, in listening to and guiding participants, shall appropriately bring to bear a moral and spiritual perspective in the proceedings. The Chaplain should, at the conclusion, particularly note spiritual resources and activities, which are apt to enhance wholeness following the debriefings, similar to referrals made to mental health and physical resources and activities. Chaplains shall take the basic ICISF course for CISM, plus other ICISF courses identified that will enhance their participation as team members.

(4) Peers. These are volunteers their command has recommended to the servicing Work-Life staff. The EAPC will screen recommended volunteers. If possible, peers should be drawn from units located throughout the area of responsibility (AOR). Personnel accepted by the EAPC to serve as peers will take training through the Work-Life staff in basic and peer support ICISF certified courses for CISM. Selection criteria for peers are:

(a) Emotionally mature;

(b) Good communication and interpersonal skills;

(c) Ability to transcend the scope of gender, rates and pay grades;

(d) Have at least two years remaining at the unit upon completion of training; and

(e) Recommended for peer duties by command, which includes authorization to respond to critical incidents within the AOR of the servicing ISC or HSC.

c. Contingency Plan. CISM teams shall have a plan that includes these elements: a risk assessment identifying high-risk units within their AOR, a survey of CISM resources within the AOR, and a response plan outlining the activation process.

d. Coordination. CISM teams shall coordinate their interventions with other ongoing activities at the affected command, which may include unit operations, mishap analysis boards, and criminal or administrative investigations. In particular, to maintain the evidentiary value of witness statements, the CISM must prevent group discussions of observations among potential witnesses. Any conflict with other ongoing activities should be resolved by the Commanding Officer or Officer in Charge and the chain of command.

8. CISM SERVICES. Enclosure (1) outlines the types of interventions commonly used. CISM Teams shall carry out procedures in accordance with reference (a).

9. PRE-INCIDENT PREPARATION TRAINING. Pre-incident training helps individuals prepare to cope with traumatic events. People forewarned about traumatic stress generally are able to manage it better and tend to recognize its signs earlier. It is useful for everyone facing exposure to a traumatic event and promotes optimal performance.

a. Training Objectives.

(1) Teach effective approaches to stress.

(2) Help avoid ineffective approaches.

(3) Emphasize the normalcy of feeling stress in abnormal situations.

b. Training Requirements. Units shall take pre-incident preparation training biennially through the auspices of the servicing Work-Life staff.

10. CRITICAL INCIDENT REPORTING. When a critical incident occurs, commanding officers and officers in charge shall notify the chain-of-command by the most expedient means. To request CISM services, commanding officers and officers in charge notify either the area or district command center, which will in turn notify the Work-Life staff. The request shall include this information:

a. Unit and contact person.

b. Whether there is an immediate need (within 24 hours) to have a CISM team on scene.

c. Whether the incident is completed or ongoing.

11. DUTIES AND RESPONSIBILITIES.

a. Commandant (G-CH) will ensure the Coast Guard Chaplains are trained in the ICISF Mitchell Model for intervention.

b. Commandant (G-WKW-2) will:

(1) Oversee CISM training and services and change policy as needed.

(2) Provide technical supervision to Work-Life specialists on CISM.

(3) Approve revisions of CISM interventions.

c. Area and district commanders shall maintain quick response cards for CISM service requests.

d. Commanders of maintenance and logistics commands shall provide needed support to commanding officers of integrated support commands and Commanding Officer, Headquarters Support Command to identify ICISF-certified mental health professionals, fund CISM services, and coordinate additional support beyond an ISC's or HSC's capabilities.

e. Commanding officers of integrated support commands and Headquarters Support Command shall:

(1) Designate the EAPC as the primary and Work-Life Supervisor as the alternate points of contact for CISM inquiries. Designate a separate point of contact to coordinate billeting, travel and transportation, and other logistics support required to deploy CISM team(s). Provide points of contact for CISM services to area and district command centers.

(2) Establish, train, and support at least one CISM team to meet the needs of operational units within the AOR.

(3) Provide a rapid means of communication by which to notify the EAPC of critical incidents.

(4) Provide support for units within the AOR to conduct pre-incident preparation training.

(5) Report CISM activity measures through the chain-of-command to Commandant (G-WKW).

f. Work-Life Supervisors shall ensure the EAPC carries out these duties or assigns an alternate qualified specialist in his or her absence.

g. The Employee Assistance Program Coordinator (EAPC) shall:

(1) Establish a file of local, "Mitchell Model" certified intervention and referral resources for CISM within the geographic AOR.

(2) Coordinate establishing CISM teams.

(3) Ensure Coast Guard personnel selected as peer support personnel are trained in the ICISF Mitchell Model of interventions.

(4) Maintain a roster of trained peer support personnel.

(5) Approve peer support personnel for interventions. CISM team members personally affected by an incident will not participate in its intervention.

(6) Coordinate biennial CISM pre-incident preparation training at all AOR units.

(7) Whenever possible, partner with Coast Guard chaplains to optimize training and responses to critical incidents. When partnering, the EAPC and chaplain, if trained in the ICISF Mitchell Model, shall jointly determine the course of intervention. If trained in the ICISF Mitchell Model, the chaplain may serve as a listener and guide during CISM interventions.

(8) Ensure CISM confidentiality and effectiveness. No team member shall make any written notes during or about a CISM intervention. An after action report may be used by team members only to discuss at team meetings as to lessons learned about the intervention process. The after action report shall be very generic and shall not include names or any specifics about the intervention.

(9) Respond as necessary and/or coordinate with chaplains or other Work-Life specialists to support units within the AOR. Under these circumstances the EAPC should go to the scene: the incident is nearby, prolonged, or results in multiple casualties, or other resources are not available.

(10) Coordinate and monitor non-Coast Guard CISM teams responding to Coast Guard units experiencing critical incidents.

h. Unit Commanding Officers and Officers-in-Charge shall:

(1) Report as soon as possible a critical incident to their chain-of-command. If the command doubts an incident's potential impact, it shall consult the Work-Life staff.

(2) At units, contact EAPC to conduct pre-incident preparation training.

(3) At major units, solicit volunteers to serve as CISM team members as described in Paragraph 7.b.(4).

12. CISM ACTIVITY MEASURES. To monitor CISM effectiveness, annually on 30 September each ISC and HSC shall compile and report these measurements to Commandant (G-WKW).

a. Number of CISM pre-incident training sessions and number of operational units in AOR.

b. Number of critical incidents due to:

(1) Mishap;

(2) Operations: emergency response or law enforcement;

(3) Workplace violence, terrorism or suicide; and

(4) Other.

c. Responsiveness (the average time in hours for all incidents)

(1) Time between when incident occurred and notice to Work-Life point of contact for CISM services.

(2) Time between notice and CISM team's arrival on-scene.

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Assistant Commandant for Human R

Encl: (1) CISM Services

CISM SERVICES

These are some of the CISM interventions the Coast Guard commonly uses. The EAPC has the proper training and knowledge to determine whether these services are needed and which one is appropriate.

1. CRITICAL INCIDENT STRESS DEFUSING. This is a small group process ideally done within 8 hours after a critical incident. Post traumatic stress disorder (PTSD) frequently results from not talking about and being able to put into perspective a critical incident. Once PTSD develops, the impairment the long-term emotional response to the trauma causes is harder to heal. Prevention is preferred. Any CISM team member can defuse. The process's objectives are:

   a. Rapid reduction in the intense reactions to a traumatic event.

   b. "Normalizing" the experience so people can return to their routine duties as quickly as possible.

   c. Re-establishing the group's social network so people do not isolate themselves from each other. In recognizing similarities to others, people often are more willing to help each other in troubled times.

   d. Assessing personnel to determine if a full debriefing is necessary.

2. CRITICAL INCIDENT STRESS DEBRIEFING (CISD). This is a group meeting or process using both intervention and education to mitigate or resolve the psychological distress associated with a critical incident. To maximize effectiveness, a debriefing should occur 24 to 72 hours after an event. CISD usually uses all team members: a mental health professional as leader or co-leader, chaplain, and peers. It is not therapy even though mental health professional(s) are part of the team. The process's objectives are:

   a. Mitigate the critical incident's impact on:

      (1) Primary victims, those directly traumatized by the incident;

      (2) Secondary victims, emergency services personnel who witnessed or managed the critical incident; and

      (3) Tertiary victims, dependent family members

   b. Accelerate recovery processes in people experiencing normal stress reactions to the critical incident.

3. ON-SCENE SUPPORT SERVICES. Services provided under "on-scene" conditions are brief, practical crisis intervention functions to limit the level of distress members encounter. On-scene support does not interfere with operations. These service providers usually are peers, with chaplains or mental health professionals called only as needed. The process objectives are:

   a. Stabilize the situation and protect from additional stress.

   b. Mobilize a wide range of resources to assist distressed persons.

   c. Normalize the experience and reduce the feelings of uniqueness and abnormality.

   d. Restore to function as quickly as possible.

4. DEMOBILIZATION. Demobilizations are generally used during a disaster or in a large-scale catastrophic critical incident. A primary stress prevention and intervention technique, it is applied immediately after personnel are released from the scene and before they return to normal duties. Its two segments are, first, a 10- to 15-minute lecture on understanding and managing stress reactions and, second, a 20-minute rest and eating session. The process objectives are:

   a. Providing a transition from the traumatic event to normal routines.

   b. Reducing the intensity of immediate stress reactions.

   c. Assessing preliminary group needs for additional support services.

   d. Forewarning participants about potential reactions.

   e. Providing information about the incident and members' reactions.

   f. Providing practical information for managing stress and establishing linkages for additional support.

   g. Establishing positive expectations about outcome.

5. FOLLOW-UP SERVICES. If CISM provides initial services post-incident, follow-up services are mandatory. The Work-Life staff is responsible for ensuring follow-up services are provided or accessible. Peers may be used if they have added training and experience in such services as individual crisis intervention; family debriefings; unit training; and/or referral to other mental health services.