

Critical Incident Stress Management

CISM



ACTIVATION PROTOCOL

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City of Cambridge Police Department

TELEPHONE
(617) 349-3300

WEB
www.cambridgepolice.org

FACEBOOK
facebook.com/CambridgePolice

TWITTER
twitter.com/CambridgePolice

Dr. Branville G. Bard, Jr.
Police Commissioner

Louis A. DePasquale
City Manager

The following protocol is the process for activating CISM: Critical Incident Stress Management Team:

- Notify either of the **POC: Points of Contact** for the Cambridge Police Department that a critical incident has occurred:
 - Lt [REDACTED]
 - Lt [REDACTED]
- Identify the officers and supervisors that have been directly affected by the incident. Ensure they are available for either a DEFUSION or a DEBRIEFING depending on the nature of the response.
- Arrange a location to conduct the DEFUSION, which will occur prior to the officers/supervisors being relieved of duty on the day of the incident. IF this will be a Critical Incident Stress DEBRIEF, which will typically occur a few days after the incident, the Cambridge CISM POC will arrange an offsite location and assist in logistics.
- **If there is a question whether an incident meets the criteria for an activation, call the POC's for review.**
- **A Copy of the list of critical incidents and the policy are in the next sections**

CISM Team Members

- Superintendent [REDACTED]
- Sergeant [REDACTED]
- Detective [REDACTED]
- Detective [REDACTED]
- Officer [REDACTED]
- Officer [REDACTED]
- Officer [REDACTED]
- Officer [REDACTED]
- Officer [REDACTED]



Critical Incidents

1. Suicide of a colleague
2. Line of duty death
3. Serious line of duty injury
4. Disaster/ multiple casualty incident
5. Police shooting/ accidental killing or wounding of an innocent person
6. Significant events involving children
7. Prolonged incidents, especially with a loss of life
8. Personally threatening situations
9. Events with excessive media interest
10. Any significant event capable of causing considerable emotional distress for those who are exposed to it

**GREATER BOSTON CISM TEAM
THINGS YOU CAN DO TO HELP YOURSELF**

Available 24/7

These are some suggestions. You know yourself best and know what works for you, but we have found these are most helpful for emergency services personnel.

- Within the first 24-48 hours, periods of mild, aerobic exercise alternating with relaxation to alleviate some of the physical and emotional reactions.
- Structure your time – keep busy.
- Make as many every day decisions as possible that will give you a feeling of control in your life.
- You're normal and having normal reactions – do not label yourself as crazy.
- Be aware of numbing the pain with overuse of drugs or alcohol. You don't need to complicate this event with a substance abuse problem.
- Reach out – people do care.
- Spend time with people who make you feel good.
- Give yourself permission to feel rotten.
- Help yourself and your co-workers by checking in with each other and see how they are doing. Just remember not to smother others.
- Get some rest.
- When you can't sleep, think about writing down your thoughts to release them.
- Do not make any life changing decisions during or immediately following a critical incident.
- Recurring thoughts, dreams or flashbacks are very common. Talk to someone.
- Eat small, well-balanced meals, even if you may not feel very hungry.

**GREATER BOSTON CISM TEAM
CRITICAL INCIDENT STRESS REACTIONS**

Available 24/7

This is a short list of some common stress reactions. These reactions usually subside in 3 – 6 weeks. Call us if you're still experiencing these after 6 weeks. Follow up services may need to be considered.

PHYSICAL *

Fatigue
Nausea
Muscle tremors
Twitches
Elevated BP
Rapid heart rate
Thirst
Headaches
Visual difficulties
Vomiting
Teeth grinding
Weakness
Profuse sweating
Fainting
Chest pain, shock symptoms
Difficulty breathing

BEHAVIORAL

Change in activity
Change in speech patterns
Withdrawal
Emotional outbursts
Suspiciousness
Change in communication
Loss or increase in appetite
Alcohol or substance abuse
Restlessness
Irritability
Non-specific body complaint
Startle reflex
Pacing
Erratic movements
Changes in sexual functioning
or needs
Road rage

EMOTIONAL

Anxiety
Guilt
Denial
Severe pain
Emotional shock
Fear
Uncertainty
Loss of emotional control
Depression
Apprehension
Feeling overwhelmed
Intense anger
Agitation
The "emptied out" feeling

COGNITIVE


Blaming someone
Confusion
Poor decisions
Heightened or lowered alertness
Poor concentration
Memory problems
Hyper vigilance
Increased or decreased awareness
of surroundings
Poor problem solving
Difficulties identifying familiar
objects or people
Intrusive images

*Any of these may indicate a need for medical evaluation.

CISM TEAM
Information Sheet for Significant Others

Your loved one has been involved in an emotionally charged event, often known as a *critical incident*. S/he may be experiencing normal stress responses to such an event. No one is immune to critical incident stress, regardless of past experiences or years of service. Your loved one may experience critical incident stress at any time during his/her career.

- The signs of critical incident stress are cognitive, physical, emotional, behavioral and spiritual. Your loved one has a handout explaining these. Ask to share it with you.
- Critical incident stress responses can occur immediately, within hours, days or even after weeks after the incident.
- Your loved one may experience a variety of signs and symptoms of a stress response or they may exhibit only one sign at a time.
- Suffering from the effects of a critical incident is completely normal. Your loved one is not the only one suffering – colleagues who shared the event are probably suffering with their reactions as well.
- Symptoms usually subside and disappear in time, sometimes with help. Don't be afraid to reach out for help. The MBCISM Team is available for family assistance. We can make the appropriate referrals.
- All phases of our life overlap and influence each other – personal and professional. The impact of critical incident stress can be intensified, influenced or mitigated by our own personal, family and current life issues.
- Encourage, but do not pressure, your loved one to talk about the incident and his or her reactions to it. Talk is the best medicine. Your primary role here is to listen and reassure.
- Ask your loved one what would be most helpful during this time and try to accommodate his or her needs.
- If the signs and symptoms of distress do not subside after a few weeks, consider asking your loved one to seek further assistance. We can help you find a professional who understands, is knowledgeable and can guide you through this process.

 <p>Cambridge Police Department</p>	POLICY & PROCEDURES		No. 247
	Subject/Title: Greater Boston CISM Team		
	Issuing Authority: <i>Branville Bard</i>	Review Date: October 11, 2017	Issue Date: November 28, 2017
	Dr. Branville G. Bard, Jr. Police Commissioner	Effective Date: November 28, 2017	Rescinds:
References/ Attachments:	Accreditation Standards:		

I. PURPOSE:

The purpose of this directive is to describe the organizational structure and activation protocols to be followed with respect to the Critical Incident Stress Management (CISM) Team. To that end, this directive will strive to accomplish the following:

- Describe the organizational structure of the Greater Boston Critical Incident Stress Management Team;
- Describe the governance of this multidisciplinary Critical Incident Stress Management Team;
- Describe the various roles and responsibilities of those who are associated with the Greater Boston Critical Incident Stress Management Team;
- Describe the activation protocols to be followed when the Critical Incident Stress Management Team is called upon to assist another department.

II. POLICY:

The Greater Boston CISM Team has been established as a collaboration among eight police departments in the Greater Boston area, to include: Arlington, Belmont, Brookline, Cambridge, Chelsea, Everett, Somerville, and Watertown for the purpose of supporting the officers within these police departments. The Team is a resource of specially trained officers who will serve as Peer Support and provide peer counseling to officers who have experienced a traumatic event or may be affected by a loss. The goal of the Team is not a legal inquiry, investigation, or about placing blame in any way. It is about personal emotional responses, not the facts of the incident. During activations of the Team, no notes are taken and recording devices are not allowed. Discussions are private; however, participants are reminded not to say anything they would not want disclosed in a possible investigation.

III. DEFINITIONS:

- A. **Critical Incident:** Any event which has a stressful impact sufficient enough to overwhelm the effective coping skills of either an individual or group. Critical incidents are typically sudden, powerful events which are outside the range of ordinary human experiences.
- B. **Critical Incident Stress Debriefing (CISD):** A structured group meeting that emphasizes emotional reactions to a critical incident. It also emphasizes educational and information elements which are of assistance to employees in understanding and dealing with the stress generated by the event. Debriefings generally occur at least 24-72 hours after the critical incident.
- C. **Critical Incident Stress Management (CISM):** A wide range of programs and services designed to prevent and mitigate the effects of traumatic stress.
- D. **Critical Incident Stress Management Peer Team:** Personnel resources ready to be voluntarily activated by the CISM Coordinating Officer/Control Chief to respond to a critical incident. The CISM Team consists of personnel trained to assist their fellow officers by listening privately without judgment. They are also trained in positive coping strategies for stress, and to help others validate their thoughts and emotions about an overwhelming trauma or loss. Ideally, those Peer Team members activated to respond to a particular incident will have the same or similar work backgrounds as the affected personnel to that incident. CISM Peer Team members will include peer support and mental health professionals.
- E. **Defusing (CISD):** Usually occurs within a few hours of a critical incident. The main purpose of a defusing is to stabilize and assist with the immediate needs of the affected personnel so that they can return to work if necessary or they may go home without unusual stress. Defusing allows for initial venting of reactions to the incident and provides stress related information to affected personnel. A Defusing may eliminate the need for a formal CISD or enhance a subsequent CISD.
- F. **Individual Crisis Debriefing:** One-on-one private assistance with any issue by trained peer supporter or mental health professional.

IV. GENERAL GUIDELINES & CONSIDERATIONS:

It is widely known and accepted that, during the course of their careers, police officers will confront more traumatic and stressful events than the average citizen. There is very

specific evidence showing that unmanaged stress can lead to anxiety, depression, and post-traumatic stress disorder (PTSD). There are a number of factors that already exist within the work environment alone that pre-dispose people to stress, such as abnormal sleeping patterns, increasing demands and criticism leveled at the police, work patterns, and abnormal levels of social engagements. Given the nature of policing many of these factors are not likely to change in the foreseeable future. It is for these reasons that police administrators have the added responsibility of identifying methods to confront, and when possible, mitigate stressful events. It is also for these reasons that the Chief Executive Officers from the eight participating departments have banded together in establishing the Greater Boston Critical Incident Stress Management (CISM) Team.

The CISM Team has been established for the purpose of providing assistance to police officers who have dealt with a traumatic event or incident, and to allow them to talk about the incident when it happens without judgment or criticism. This initiative is peer-driven and facilitated by trained officers. The interventions are strictly confidential; the only caveat to this is if the facilitators doing the intervention determine that the person(s) being helped is a danger to him/herself or to others. The emphasis is always on keeping officers safe and returning them quickly to more “normal levels” of functioning.

The Greater Boston Critical Incident Stress Management (CISM) Team is a mutually agreed upon intervention team that has been established by the Chief Executives of the Arlington, Belmont, Brookline, Cambridge, Chelsea, Everett, Somerville, and Watertown Police Departments. The Critical Incident Stress Management Operating Guidelines provide an organized approach to the management of stress responses for personnel having been exposed to a traumatic event in the line of duty, or an event outside of the workplace that has created a stressful situation for members within one of the participating police departments. The establishment of these procedures does not prevent an employee from seeking individual consultation or follow-up through the Employee Assistance Program or informal discussion with a trained Peer Support Team member.

The Greater Boston Critical Incident Stress Management Team is comprised of trained members from each of the participating police departments. The Greater Boston CISM Team represents an integrated multicomponent crisis intervention system. This systems approach underscores the importance of using multiple interventions combined in such a manner as to yield impact to achieve the goal of crisis stabilization and symptom mitigation.

V. STRUCTURE AND RESPONSIBILITIES:

A. Senior Policy Group: The Senior Policy Group is made up the Chief Executive Officers from the eight participating police departments. The Senior Policy Group has the following responsibilities as it relates to the Greater Boston CISM Team:

1. Each of the Chief Executive Officers from each of the participating police departments are signatories of the Memorandum of Understanding, which

serves as the document that creates and establishes the Greater Boston CISM Team.

2. As members of the Senior Policy Group, the Chief Executive Officers will meet at least biannually but possibly quarterly to accomplish the following:
 - a. Promulgate and/or modify the policy and set of procedures that serve as the base guidelines for the function of the Greater Boston CISM Team.
 - b. Review the overall progress and involvement of the Greater Boston CISM Team during the preceding months, as well as the overall progress of the team.
 - c. Each of the Chief Executive Officers have agreed to designate a member of their respective command staff to serve as the Principal Point of Contact for the team's Coordinating Officer.
 - d. Each of the Chief Executive Officers have agreed to maintain a presence of members from their respective departments to serve as members of the Greater Boston CISM Team, and will support those members in satisfying the requirements set forth with respect to participation on the team (e.g., deploy officers to support other agencies, attend regularly scheduled meetings, participate in the continual training that will take place, etc.).

B. Coordinating Officer/Control Chief for the Greater Boston CISM Team:

The Coordinating Officer for the Greater Boston CISM Team is a commanding officer of the Cambridge Police Department, appointed by the Cambridge Police Commissioner and whose appointment has been agreed upon by the Chief Executive Officers of the other seven participating police departments. It will be the responsibility of the Greater Boston CISM Team Coordinator to carry out the following activities:

1. The Coordinating Officer will serve in the capacity as the Control Chief for the Greater Boston CISM Team, and in that capacity he/she will be the central Point of Contact between:
 - a. The Chief Executive Officers from each of the participating police departments and their Principal Points of Contact and Team Leaders;
 - b. The Team's designated Mental Health Professional/Clinician;
 - c. The Governance Body for the Greater Boston CISM Team;
 - d. The Team Leaders who are participating members of the Greater Boston CISM Team from each of the participating police departments; and
 - e. The Peer Support Team Members who serve on the Greater Boston CISM Team.
2. It will be the responsibility of the CO/Control Chief to carry out the following functions:
 - a. Administer and coordinate the critical stress management program;

- b. Update the protocols and operational procedures;
 - c. Stay abreast with new developments and innovations in the field of crisis intervention;
 - d. Ensure that members of the Greater Boston CISM receive stress education and training on support programs;
 - e. Ensure that members of the Greater Boston CISM receive appropriate support, to include destressing measures, and when appropriate ensure that members needing additional assistance are connected to appropriate services;
 - f. Review the activities of the Greater Boston CISM and evaluate those activities for quality issues and improve services; and
 - g. Provide outreach to inform agency administrators and employees of CISM services.
3. It will be the responsibility of the Coordinating Officer to maintain all of the records associated with the Greater Boston CISM Team, including the names of those officers serving as the Peer Support Members, their background information, and contact information. The Coordinating Officer will also maintain the following records:
- a. An active list of the members of the Greater Boston CISM, and their contact information;
 - b. The training records/meeting notes for Greater Boston CISM;
 - c. A profile on each member of the Greater Boston CISM, to assist him/her in determining the composition of teams that will be deployed;
 - d. An active list of the central POC for each of the participating departments;
 - e. A record of the deployments of the Greater CISM; and
 - f. All other administrative records associated with the Greater Boston CISM.
4. It will be the responsibility of the Coordinating Officer to serve as the central POC for all requests involving the deployment of the Greater Boston CISM (the procedures for deployment are outlined below).

- C. Mental Health Professional/Clinician:** The Greater Boston CISM Team will always maintain a Mental Health Professional/Clinician as an advisor to the team. The role and responsibilities of the Mental Health Professional/Clinician involve the following:
- a. Serve as an advisor to the Coordinating Officer (Control Chief);
 - b. Assist the Coordinating Officer in identifying the training needs for the CISM Team;
 - c. Attend the regular meetings to facilitate discussions during the meeting;

- d. Assist the CISM Team when deployed, or provide support to the Team during deployments, and/or provide technical advice;
- e. Arrange for the response of a properly trained clinician for those interventions that require the presence of a mental health clinician;
- f. Provide trainings and debriefings to the CISM Team; and
- g. Provide advice to the Senior Policy Group.

D. Greater Boston CISM Governance Body: Members of the CISM Team will select 3-5 members of the team to serve on the Governance Body. The Governance Body will serve as the decision body for the members of the Greater Boston CISM Team. It will be the responsibility of the Governance Body to accomplish the following objectives:

- a. Facilitate integrating and accepting new members onto the team;
- b. Make decisions relative to the continuing status of members who may have been in breach of the standards that have been established for continued membership on the Greater Boston CISM (e.g., failing to maintaining confidentiality; failing to abide by the nonjudgmental standards; failure to actively participate in meetings/trainings, failure to meet the established standards established for members of the team, etc.);
- c. Consult with the Coordinating Officer (Control Chief) relative to operational matters of the CISM Team;
- d. Develop the by-laws for which the CISM Team members are to conduct themselves, and update those by-laws as may be required; and
- e. Assist and collaborate with the CO/Control Chief in facilitating regular meetings held for the CISM Team.

E. Members of the Greater Boston CISM Team: The Greater Boston CISM Team will be comprised of officers who have been selected by their respective departments. All members of the CISM Team will need to maintain the minimum certifications and training requisites in order to be a participating member of the team. In order to maintain their status on the CISM Team, members of the team must:

- a. All members of the Greater Boston CISM Team serve on a voluntary basis;
- b. All members of the Greater Boston CISM Team understand that they may be called upon to serve on a responding team;
- c. All members of the Greater Boston CISM Team should possess the following qualities:
 - Possess strong communication skills, including the ability to be empathic; and

- Ability to successfully complete team training requirements, including stress-related intervention.
- d. All members of the Greater Boston CISM Team agree to the following minimum training requirements once selected as a team member:
 - i. “Individual Crisis Intervention and Peer Support” class recognized by International Critical Incident Stress Foundation (ICISF);
 - ii. “CISM: Group Crisis Intervention” class recognized by ICISF;
 - iii. Within two years of joining the CISM Team, should complete the “Advanced Group Crisis Intervention” class recognized by ICISF; and
 - iv. Within two years of joining the CISM Team, should complete the “Suicide Prevention Intervention and Post-intervention” recognized by ICISF.
- e. Adhere to all of the policies and procedures that have been established for the CISM Team;
- f. Attend the minimum number of regularly scheduled meetings, as established by the Governance Body;
- g. Agree to adhere to the confidentiality requirements of the Greater Boston CISM Team;
- h. Maintain the minimum training requirements as established by the Coordinating Officer and Governance Body; and
- i. Remain a member in good standing with their respective police department.

VI. TEAM ACTIVATION & RESPONSE PROTOCOLS:

- A. Critical Incident Management Team Activation:** All requests for the activation of the Greater Boston CISM Team will be channeled through the Coordinating Officer (Control Chief, or his/her secondary designee). Upon receiving a request for the activation of the CISM Team, the Coordinating Officer will accomplish the following:
1. Upon receipt of the request, the Coordinating Officer should confer with the Chief Executive Officer of the requesting department, or the designated POC (having authority to approve the activation of the team), if the request is under the authority of the agency’s CEO.
 2. Obtain a briefing as to the circumstances under which the request for activation is being made, (number of personnel who will be involved; any special circumstances that should be taken into consideration; information that will inform the Coordinating Officer what skill sets may be needed, etc.)
 3. Based on the information the Coordinating Officer has obtained, he/she will then determine the composition of the team (number of officers; skill sets; and other possible resources, such as police chaplains, mental clinician, etc.).

4. The Coordinating Officer will then contact the Points of Contact from participating departments and Peer Team members who will be selected to be part of the activation team.
5. Make any follow up notifications and contacts related to the situation.
6. If the activation involves an agency that is not part of the Greater Boston CISM Team, the Coordinating Officer will need to secure permission from the Chief Executive Officers from the involved departments to be sure that the CEO is authorizing officers to respond outside of the network.
7. Once the team has been identified, the Coordinating Officer will notify the responding team members where they are to respond and who will be their principal point of contact once arriving on the scene.
8. The Coordinating Officer will maintain contact with the team while it is deployed to get occasional updates, provide any additional support that might be needed by the team, and be available should the team need administrative support.

B. Initial Preparatory Steps for Responding Team: As members arrive on-scene, they should accomplish the following objectives:

1. One member of the responding team will be designated as the Team Leader. The Team Leader should gather any background information, usually from their counterpart in the requesting department.
2. The Team Leader will make contact with the identified principal point of contact. This will typically be a Commanding Officer from the requesting department.
3. The Team Leader will advise the POC of the number of support personnel available and will request direction on how to proceed.
4. The Team Leader will act as the liaison between the Command Level of the requesting department and the team throughout the incident.
5. Any recommendations and observations of any team members should be made to the Team Leader who will in turn report to the designated POC.
6. Once all of the preliminary arrangements have been addressed, the Team Leader will ensure that the team gathers for a preparatory briefing and assignment of team member roles.

C. Post-Intervention Steps: At the conclusion of the intervention, the Team Leader will arrange for the responding CISM Team to do a debriefing session to accomplish the following:

1. The team members should check in with one another to be sure that they have not been impacted by the intervention.
2. The team members should discuss what aspects of the intervention went particularly well.

3. The team members should discuss what aspects of the intervention could have been done differently.
4. The team should discuss what might be the recommended next steps for the department.
5. The Team Leader should take note of these aspects of the debriefing so as to be able to brief the larger team on lessons learned.
6. The Team Leader should brief the Coordinating Officer on operational aspects of the intervention, to include the recommended next steps.