CIVIL AIR PATROL
CRITICAL INCIDENT STRESS MANAGEMENT (CISM) and Resiliency Program

CISM Team Member

POSITION TASK BOOK (PTB)

FINAL DRAFT January 2016

Objective:

The objective of the CAP CISM and Resiliency Program's Position Task Book (PTB) is to create a tactical guide that can be used to create and ensure a baseline of knowledge, skills, and abilities that a member will review as a "checklist" prior to any crisis intervention and be the evaluation tool that each CAP CISM and Resiliency Team member is evaluated against every three years to ensure consistency and professionalism across all members. This checklist is heavily focused on ethical standards, healthy boundaries, and best practices to foster an environment of excellence and high standards.

This checklist will be used to conduct five (5) mock crisis intervention sessions between the CAP CIST member and their next higher leadership member (wing, region or national CISO).

Basic Qualifications to be a Deployable CAP CISM and Resiliency Team Member (12/1/2016):

- ❒ Successful Completion of International Critical Incident Stress Foundation (ICISF©) Individual / Group CISM Course(s) (e.g. the 3-day Group and Individual Course or the 2-day Individual and 2-day Group Courses) every 3-years.
- ❒ Successful completion of the National Child Traumatic Stress Network, Online Psychological First Aid (PFA) course found at: http://learn.nctsn.org/course/index.php?categoryid=11 or similar course approved by the Chief, CAP CISM and Resiliency Programs every 3-years.
- ❒ Successful completion of this Position Task Book (PTB) which includes successful completion of five (5) role-played crisis interventions orchestrated by the first person in your chain of command: CAP National/Region/Wing CIS Officer using the below checklists every 3-years.
- ❒ Completed CAP instructor training.
- ❒ Approval from the first line Commander stating that the member has never had any behavioral or conduct issues where judgment or ethical standards have been questioned.

It is strongly recommended that prior to performing a crisis intervention, all CAP CISM and Resiliency Team members read this entire Position Task Book on a regular basis to ensure standards are fully met.

This Position Task Book was assigned to ____ on the date of _________________. For CAP members who wish to be initial or continued members of the CAP CISM and Resiliency Team they must complete this Position Task Book and be evaluated by their Wing, Region, or National Critical Incident Stress Management Officer at least once every two years.

Position Task Book must be completed by the date of ____________________ **(maximum 3 years)**.

Pre-Incident Knowledge Requirements:

❒ **Explain the following terms. Successful completion is explaining all terms correctly.**

❒ **CREATION OF SAFE SPACE**: Ensure that people affected by a critical incident have a safe space to discuss and disclose their emotions. This includes allowing silence (not dominating the conversation because silence is when people often process their thoughts), creating an open seating space, closing the door when appropriate (in accordance with the Cadet Protection Program), and fostering an honest, empathetic, confidential, voluntary, and non-judgmental environment.

❒ **TRIAGE**: people with severe distress reactions should not be included in an ICISF© CISM Debriefing; these include panic attacks, impairment in thinking, a change in their reality, vegetative or profound depression, hopelessness, helplessness, self-destructive behavior, or when there is any doubt about their safety. These people must be referred and escorted to professional licensed behavioral health services.

❒ **BOUNDARIES:** CISM and PFA are not therapies or counseling but a peer-driven and peer- guided conversations that have been shown to improve emotional outcomes, when applied correctly. Counseling resources (phone numbers and names) must be provided to every person who visits a CAP CISM team member. If someone is experiencing an emotion that is outside the typical spectrum (mentioned above in triage) or is concerning to the CISM member, they must be referred to professional behavioral health resources. Anyone who is suicidal must be escorted to a hospital emergency department or police station. **Note: Data has shown that when a crisis intervention is not applied correctly, it can *potentially hinder the recovery of a person who went through a trauma*.**

❒ **ETHICS**: Being a CAP CISM Team member allows you to be invited into someone's most personal thoughts and emotions. To ensure ethics are maintained, you must not participate in a crisis intervention with someone you could potentially be, or have been, romantically involved with, a close friend to, or a person whom you previously had unpleasant dealings with (another CIST supporter will perform the CIST support in these instances). Additionally, confidentiality must be strictly maintained at all times and you will report each CISM intervention you participate in and not have more than three (3) subsequent sessions with any CAP member. If you are not a good fit, then you should refer to another CAP or non-CAP peer supporter.

❒ **ICISF© PREPARATION Keys**: Preparation is the key to the success of any crisis intervention. Ensuring that a local Behavioral Health Provider is available and having their contact information available is a key step in the preparation of a crisis Intervention.

- **T**hreat: what occurred to the group?
- **T**arget: who is our target audience and who is not receiving support?
- **T**ype: what type of CISM intervention is required?
- **T**iming: does the intervention need to occur ASAP, in a day, or in a week? **T**heme: What is the major theme of the CISM intervention?
- **T**eam: should the response be just peer supporters or include a behavioral health provider.
- **T**echnical Resources: are there other teams that are assisting? Could you partner with those teams?

❒ **HOT WALK:** Consider using the "walk and talk" method while performing a crisis intervention (this has been done extensively with Psychological First Aid [PFA]). There is some data to suggest that there the biochemical benefits of walking may reduce the level of "flight or fight" chemicals. Be mindful that confidentiality and Cadet Protection Program concerns must be addressed prior to attempting a crisis intervention through a hot walk.

"CAP CISM TEAM GROUND RULES"; remember these by the pneumonic **"TV-CRAPS"**.

❒ **Explain the following terms. Successful completion is explaining all terms correctly.**

- **Therapy**: This is a guided conversation and is not therapy and does not replace therapy, but has been shown to potentially reduce the length of any therapy that may be needed. My job is to simply ensure that you bounce back in a healthy way.
- **Voluntary**: participation is voluntary; if you want to talk, talk openly and honestly, but please do not go into graphic detail because we don't want to re-traumatize anyone. If you are not ready to talk, don't talk, but consider listening to support fellow members.
- **Confidential**: all statements are confidential and please only speak about what you experienced from your viewpoint. However, if there is discussion about abuse of a child or elderly person, a plan to injure someone, or a plan to hurt yourself I will have to break confidentiality and involve someone else.
- **Recordings**: there are no recordings or notes taken. All we can acknowledge is that a CISM / PFA meeting occurred; we cannot disclose who attended or what occurred. This is strictly confidential.
- **AAR**: this is not an After Action Report or forum for changes in policy.
- **People**: only people who were directly involved are allowed to participate (no family members, friends, or off-duty members).
- **Spiritual**: If you have a spiritual belief, you may be best served by a CAP Chaplain or another spiritual leader. Is there someone who might be a better fit for you to talk to?

TYPICAL STRESS SIGNS / SYMPTOMS / REACTIONS:

❒ **Successful completion is listing 5 reactions from each column.**

Relations	Physical	Cognitive (Thinking)	Emotional	Behavioral	Spiritual (For those with Spiritual faith)
Withdrawal from family	Fatigue	Uncertainty	Grief	Inability to rest	Anger at God
Withdrawal from friends	Chills	Confusion	Fear	Change in communication	Loss of life's meaning
Withdrawal from organizations	Thirst	Nightmares	Depression	Hyperarousal	Loss of purpose
Employment problems	Headaches	Reliving the stress	Anger	Alcohol/drug use	Sense of isolation
Community Withdrawal	Dizziness	Poor concentration	Guilt	Change in eating	Anger at religion
	Poor appetite	Poor memory	Irritability	Withdrawal	Withdrawal from worship
	Fast heart rate	Poor problem solving	Anxiety	Impulsiveness	Questioning beliefs
	Nausea	Nightmares	Apprehension	Sleep disturbance	
	Grinding teeth	Hypervigilance	Blunted emotions	Pacing	
	Muscle spasm	Blaming others	Denial	Startle	
	Indigestion		Fear or avoidance	Risk-taking behavior	

SIGNS, RISKS, AND PROTECTIVE FACTORS OF SUICIDE

❒ **Successful completion is correctly explaining 5 signs, 5 risks, and 5 protective factors.**

Warning Signs – Take Action	**Risk Factors – Be Aware**	**Protective Factors**
• Talking about wanting to die	• Prior suicide attempt	• Skills in problem solving
• Search for a way to die (online, weapon purchase)	• Relationship stress	• Supportive relationships
• Talking about being hopeless	• Family history of suicide	• Beliefs in self-preservation
• Talking about being a burden	• Mental/behavioral health condition	• Strong connections with others
• Behaving recklessly	• Access to a suicide method	• Access to mental/behavioral health staff
• Withdrawing or isolating	• Signs of substance abuse	• Keeping alcohol locked
• Displaying mood swings	• Change in behavior	• Keeping firearms locked
	• Hopeless behavior	• Keeping medicines locked
	• Impulsive behavior	• Spiritual beliefs

SUICIDE INTERVENTION STEPS

❒ **Successful completion is correctly explaining the ACE intervention steps, knowing the National Suicide Prevention phone/text numbers, and (2) statistics about suicide.**

ACE – Ask, Care, Escort:

- Ask: them directly and "matter-of-factly" if they want to hurt themselves or die;
- Care: for them by calmly controlling the situation; actively listen, show an understanding, and empathize with their feelings. If possible remove means of injury (if done so safely);
- Escort: them to an emergency department, call 911 (or your local emergency action number), or to readily available professional behavioral health services. Involve guardians as soon as possible if they are a Cadet by saying you are concerned about their safety. Stress to them that by involving other people they can get the help to living a happy life.

National Suicide Prevention Lifeline 800-273-8355 or text 838255.
CAP National Operations Center: 888-211-1812.

Statistics

- **Youth ages**: Suicide is the third leading cause of death for 15-24 year olds and the fifth leading cause of death for 5-14 year olds and second leading cause for college students.
- **Senior Member ages**: People aged 65 years and older are at an increased risk for suicide. Although, there is an increasing trend for suicide in middle aged people (40s and 50s).
- Each **suicide intimately affects at least 6 other people**.
- **5 million living Americans have attempted suicide**; 1/3 of those who attempted will try again within 1 year and over time that risk of attempting suicide is reduced.
- On average **suicide occurs every 17 minutes**; **suicide attempts occur every minute**.
- The **most common time for suicide is May-June** timeframe in the U.S. The most common time for depression is just after December and people become more energized after the winter as there is more sunlight exposure and realize that they are remaining depressed while the rest of the population appears to be becoming happy.

SUICIDE POSTVENTION STEPS:

❒ **Successful completion is correctly explaining the CISM Suicide Response Steps**

Overall Suicide Response Protocol (based on UCLA, School Mental Health Project, 2003)

1) **Verify** that there was a suicide with a trusted person in a leadership role. Explain that you are there from the CAP CISM and Resiliency Program and are there to care for the adult and youth members. Providing postvention when not indicated may sensationalize suicide.
2) **Assess the potential impact** to the group (unit/wing/region); remember to assess geographical proximity, psychosocial proximity (working groups, online member contacts, National activities), and populations at risk **(if a below bullet is "yes", there is a risk for suicide for at least 2 years).**
    a. Does a survivor blame themselves?
    b. Is a survivor being blamed by others for a suicide?
    c. Have vigils occurred where people are viewing significant grief/emotions?
    d. Did a survivor have ANY exposure to a peer's suicide or the aftermath?
    e. Are there people who have previously demonstrated or have a history of family member suicidal behavior?
    f. Are there people who have experienced recent loss?
    g. Are there people who have a history of being bullied?
    h. Are there people who do not feel part of the group?
    i. Are there people who have weak levels of social / familiar support?
    j. Are there people who have experienced behavioral health illness?
3) **Estimate the level of response** resources required. Was the person involved across
4) **Advise Commander(s)** (unit/wing/region) on the situation and how to proceed; ensure they show calmness, that all members are safe, that they believe that all members can change for the better, and that social connectedness and hope are important.
5) **Contact the family** of the person who died of suicide to determine what and how information may be shared – seek permission to disclose information about the suicide from the family to the CAP unit/wing/region as a means of stopping additional suicides.
6) **Mobilize** CISM response and emphasize following bullets (based on NASP, Brock, S. 2002):
    a. Small groups are always better than large groups; individual is always beneficial.
    b. Separate the facts from the rumors of the suicide. Don't provide extreme details.
    c. Ensure understanding that "suicide survivor guilt" responses are normal and emphasize that if the survivor had a true belief that the decedent was going to kill themselves, the survivor would have acted. Feeling of rejection and desertion affect survivor's self-esteem.
    d. Ensure understanding that suicide is permanent, fleeting thoughts of suicide are normal, and that having angry emotions about the decedent is normal.
    e. Ensure CAP members accept that emotional reactions (e.g. anger) following suicide is normal, but people who select self-injurious behavior, suicide attempts, or suicidal behavior can receive help.
    f. Ensure that the most common reason for suicide is a behavioral health illness (depression, anxiety, and other behavioral health disorders).
    g. Ensure CAP members recognize the warning signs and helping resources.
7) **Inform and prepare Commanders / Staff. Ensure that all Commanders / Staff are aware of the risk factors, warning signs, and protective factors for suicide. Ensure that they understand that they need to immediately refer members who are at risk or members who have risk factors / warning signs.**
8) **Identify at risk members** and notify parents of highly affected Cadets.
9) **Preparing strategic communications for the current incident and for anniversaries**

Responses to questions about Suicide:

- **"Why didn't they talk to me before"** – Most people who are suicidal are not able to think with the part of the brain that allows them to think critically; they are only able to think with the lower "animal" brain. Bottom line: people who are suicidal are not thinking clearly.
- **"People who commit Suicide are weak"** – Oftentimes people who commit or attempt suicide are in intense, unbearable physical or emotional pain oftentimes because of a chemical imbalance. Bottom line: if you had to walk in their shoes, you would be excruciatingly painful; getting people the help they need is critical.
- **"People who commit Suicide are selfish"** – Suicide is an act of desperation by a person who is in intense, unbearable, physical or emotional pain. Oftentimes people who commit or attempt suicide are making an irrational and impulsive decision (they potentially would have had a different outcome if they took that a one-second pause) or they have a thinking error (e.g. "they are better off without me") oftentimes due to a behavioral health illness.

Suicide Strategic Communications

- Ensuring that units/wings have appropriate strategic communications about a suicide is extremely important; both online and in printed formats.
- Online postvention is exceedingly important for people who routinely use online communities (~ages 13-25 years) as their primary means of support. It is important not to glamorize (e.g. "they are at peace") or normalize ("I understand why they did it") the choice of suicide due to life circumstances.
- **Example**: "The best way to honor (person's name) is to seek help if you or someone you know is struggling. If you're feeling lost, desperate, or alone- please call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or text 838255; the call is free and confidential. Additionally, CAP has trained peer supporters who can provide skills in resiliency and offer confidential peer support by calling ____.
- Written suicide strategic communications can be found at the CAP CISM and Resiliency Website.

CISM DEPLOYMENT PROCESS

❒ **Successful completion is correctly explaining the entire deployment process.**

- ❒ Any squadron commander, group commander, activity commander/director, or tasked incident commander may request the activation of a CAP CIST/CISO to their respective wing commander (or their designee).
- ❒ The wing commander (or their designee) will activate their CAP CIST/CISO, or if unavailable, request assistance from the region commander and region critical incident stress officer to deploy another CAP CIST/CISO. If local resources are not available, then the wing commander (or their designee) will contact the CAP National Operations Center Duty Officer at 1-888-211-1812 for assistance.
- ❒ When a CAP member requests a CAP CIST/CISO, Commanders are discouraged from questioning the reason for the request and they are highly encouraged to pass the request up the chain of command (critical incidents are subjective experiences; what is a crisis for one person may not be a "big deal" for another).

EDUCATING RESILIENCY SKILLS:

- ❒ **Successful completion is correctly explaining at least (3) of the following resiliency skills:**
  - ❒ **Emotional Traps –** When a negative emotion occurs, ask yourself "was my perception about the situation accurate?" and identify if you fell into an emotional trap. Then think about what emotion you felt and if this emotional trigger has happened before. Take a breath and only respond when you have a level head. Lastly, think about how you could potentially respond better in the future (if possible) or if the relationship is worth keeping.
  - ❒ **Putting problems into perspective –** when faced with a stressful problem, list the worst case scenarios, list the best case scenarios, list the most likely outcomes, and create a plan for the most likely outcomes. Remember when under stress people revert to catastrophic thinking. This method gets people out of catastrophic thinking and into proactive thinking.
  - ❒ **Mission stress reduction** – members rarely "take care of themselves" after a mission; promote getting extra sleep after a mission, exercise, stress guided imagery (going to your happy place), sharing their story about the mission with loved ones and acknowledging that change occurred, reflecting about personal lessons learned after the mission, and spending time with friends doing wholesome activities.
  - ❒ **CAP Look Listen Link Basic Psychological First Aid** – The Look Listen Link Basic PFA is a method for all members to respond to crisis through safety, calmness, the ability for self-change, being connected to loved ones, and having hope. You look for people with serious distress reactions, listen to members with an open mind, and link people with additional help.

"TYPICAL" STAGES OF GRIEF EDUCATION:

- ❒ **Successful completion is correctly explaining all (5) stages of grief and knowing that grief responses are variable.**
  - ♦ Grief is personal process that has no time limit, exact process, or "right way to grieve". Many people do not experience the stages in order and may not experience all of the stages; think of these stages as guides only.
    1) **Denial and Isolation** is when a person denies the reality of a situation, blocks out the facts, and may isolate themselves from others.
    2) **Anger** can occur when the masking effects of denial ceases, and the reality of the situation starts.
    3) **Bargaining** occurs when people try to take control of their feelings by mentally thinking "if only I had…"
    4) **Depression** is often associated with mourning, sadness, and regret.
    5) **Acceptance** occurs when a person starts coping with the loss; there is no guarantee that someone will stay at acceptance as they may regress to the other stages.

STRESS REDUCTION EDUCATION- Remember these by the pneumonic **"FRESH-PIES"**:

❒ **Successful completion is correctly explaining all stress reduction education tenets.**

- **Friends/Family**: being social and speaking with close and trusted friends or family members and/or writing how you feel will alleviate some of the emotional symptoms.
- **Relaxation**: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate some of the physical symptoms.
- **Eat well** balanced foods and refrain from alcohol or other substances.
- **Structure**: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms.
- **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. Good sleep hygiene habits include: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping
- **Pace** yourself and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling.
- **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is one of the most important facets of recovery.
- **Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover are probably the most important parts of coping.
- **Spiritual**: There is research that those with spiritual beliefs tend to have better outcomes. I want to ensure you have the Chaplain's contact information in case you feel they would be of assistance.

Types of Crisis Intervention used by CAP CISM and Resiliency Teams:

- ❒ **Successful completion consists of employing at least (3) crisis intervention techniques appropriately in person with a CISM Team Leader or above in (5) mock sessions.**
- ❒ **NOTE: Please ensure that all CAP member involved in the mock scenarios feel comfortable on the mock scenario topics; emotionally difficult topics should not be used.**

A) Professional Level Psychological First Aid (PFA)

- ❒ **What:** A system used by the U.S. government (DOD, FEMA, HHS) that has been found to be useful directly after a trauma or disaster. It is an additional toolbox for crisis intervention.
- ❒ **When:** PFA can be used at any point in the trauma sequence however has been found to be particularly effective in the early stages of the trauma.
- ❒ **How:** Five Basic Principles of PFA: Maintain an environment of: 1) Safety, 2) Calmness, 3) Connectedness, 4) People have to power to create beneficial self-change (self-efficacy) and 5) Hope. Be flexible; use strategies that fit each survivor's situation.

1) **Contact and Engagement -** Introduce yourself, explain your purpose for being there, ask about immediate needs ("what do you need right now?"); consider using the "TV-CRAPS" acronym.
2) **Safety / comfort:** create, defend, and maintain their safety and comfort like turning off the TV, moving them to a quieter or safer location. Identify what they need right now to be more comfortable (e.g. food, water, blankets, toys for children, information).
3) **Stabilization (only when people are in crisis):** Explain that for you to successfully do your job you need them to dispose of the "fight or flight" chemicals in their body and you can help them with that by using one of the below techniques:
   a. **Diaphragmatic breathing:** directly combats the "fight or flight" reflex through slowing pulse/respiration rates and reduces your "fight or flight" response. Place a chair nearby for safety and sit if you feel weak or lightheaded.
      i. **Step 1:** Breathe in through your nose as you silently count to four (or so). As you breathe in, expand your abdominal muscles. This allows your lungs to have more area to expand and absorb oxygen.
      ii. **Step 2:** Hold your breath for one second (or so).
      iii. **Step 3:** Exhale through your mouth as you silently count to eight (or so). As you exhale, tighten your abdominal muscles. **Repeat** for 3 or 4 breathing cycles.
   b. **Mental Grounding**: Describe objects, sounds, textures, colors, smells, shapes, numbers, or the temperature or describe an everyday activity in great detail with imagery.
   c. **Soothing Grounding** Say kind statements, as if you were talking to a small child-for example, "you will get through this" or "I am safe".
   d. **Physical Grounding:** Slowly touch various objects around you like a pen, keys, your clothing, or a wall. Consider digging your heels into the floor while noticing the tension centered in your heels or carrying a grounding item in your pocket.
   e. **Butterfly hugs:** have been found to create a feeling of safety but **should only done when the person is absolutely safe**. To do this, hug yourself or place your hands on your knees and move your hands up/down in an alternating fashion.
4) **Information Gathering:** what coping mechanisms have they used in previous struggles? Can they use those or similar coping skills today?
5) **Practical assistance:** assist them with their action plan. Consider writing the plan on the back of a card that has your contact information on it.
6) **Connect w/ social support:** ensure they are connected with/engaged with loved ones.
7) **Coping information** Consider using the "FRESH-PIE" acronym information or similar.
8) **Linkage** with resources/services through a written plan and follow up in 12 hours.

- ❒ Example: After a CAP aircraft is reported "missing" the CAP CISM and Resiliency member is asked to come to the mission base to meet the CAP member's spouse who appears frantic.

B) ICISF© Pre-crisis / Pre-Exposure Preparation (PEP)

- ❒ What: A 10 to 20-minute, one-time, **large group** intervention where expectations about what people may experience (see, hear, smell, touch) and stress reduction education occurs prior to the team entering the crisis scene. **This is a best practice for a group going into a disaster or potentially disturbing scene.**
- ❒ When: Before the team enters the crisis scene (e.g. aircraft accident, SAR find with death, or a potentially stressful encampment event (inspection)).
- ❒ How: Performed away from site of incident; information session on what the team may experience and the typical stress reactions, steps for stress reduction, and resources for help are explained.
- ❒ Example: Prior to a search and rescue team placing their gear for an aircraft confirmed "find", the CISM and Resiliency Officer explains what the group will experience, techniques for stress reduction, and their contact information so each member can check in with the CAP CISM Officer.

C) ICISF© Demobilization

- ❒ What: A 10-minute **large group** crisis intervention discussion for disasters by a CISO member on typical stress signs / symptoms / reactions, the self-care coping strategies, and an invitation for anyone to make a statement (typically people do not speak frequently but an invitation should be made) followed by a 20-minute food and rest period in a different room. This is a one-time group intervention where people "refuel" and then go home (do not return for at least 6 hours). Not for line of duty deaths; consider PFA or a 5-phase modified CISD for that situation.
- ❒ When: after the first exposure when people "come off the line". Anyone who appears to not be coping well should be immediately referred for professional behavioral help.
- ❒ How: Performed away from site of incident; information session on typical stress reactions, steps for stress reduction, and resources for help are handed out in concert with healthy food (low fat) and drinks (low sugar).
- ❒ Example: A ground team was activated to assist with a disaster relief mission and the ground team is exiting the disaster scene. You arrange for a secluded space directly across from where the team worked.

D) One-on-one

- ❒ What: A 10 to 30-minute, one or two time, single person intervention where a person is allowed to vent and given education on stress reduction topics either on the phone or in person. When performing a one-on-one, **the Cadet Protection Policy MUST be maintained at all times so ensure you are not alone with a Cadet; have another CISM and Resiliency Team Member Chaperone with you (in a best case scenario a member of the Cadet's same gender)**.
- ❒ When: variable.
- ❒ How: Performed in an office/private setting or on a phone/videoconference in a private setting where information on typical stress reactions and resources for help are discussed. The limit for this intervention is three (3) sessions and only an experienced provider should attempt the one-on-one intervention because of the skill required. Use the **SAFE-R** Model
    - **S**tabilize
    - **A**cknowledge
    - **F**acilitate Plan
    - **E**ncourage
    - **R**efer
- ❒ Examples: A Cadet asks to speak with you at a weekend activity. You have a written agreement with your Wing Commander that allows them to retrospectively "activate" the CISO for such an occasion. You and the Cadet sit down and you position another CAP member just outside of hearing distance. They tell you that they have been thinking about hurting themselves.

E) ICISF© Crisis Management Brief (CMB)

- ❒ What: A 30-75 minute large group "town hall style" intervention where "rumor control" and stress reduction education occurs; it can be repeated as the situation changes and can consist of up to 300 people. Anyone who appears to not be coping well should be immediately referred for professional behavioral help. CMB's should be organized and briefed using a projector, when possible. **This is a best practice after a CAP Unit has been through a trauma**.
- ❒ When: Before, during, or after an incident. It is not intended to be a single intervention, but a portion of a later Critical Incident Stress Debriefing or follow up. CMB's may be repeated if useful.
- ❒ How: **4-Steps** that are performed away from site of incident:
  - 1) Assemble Participants
  - 2) Explain the facts of the incident (rumors are dispelled and questions may be asked at this point)
  - 3) Explain and normalize the common stress reactions/behaviors
  - 4) Discuss stress reduction strategies and hand out additional resources to the group.
- ❒ Example: During an encampment a well-known Cadet dies in their sleep. You decide to employ a CMB and have the encampment commander start to explain the facts. What notes would you provide to the encampment commander? What would you say for the remainder of the CMB?

F) ICISF© Defusing (performed prior to sleeping):

- ❒ What: A 20-90 minute, one-time, **small group** intervention where the group had a similar exposure and is in "shock" are ready to "vent" after the incident; remember that defense mechanisms have not started, so an opportunity for open dialogue is possible. Anyone who appears to not be coping well should be immediately referred for professional behavioral help. A behavioral health professional is required to be available for this type of crisis intervention.
- ❒ When: Up to 8-12 hours after the incident (prior to sleeping).
- ❒ How: Performed away from site of incident. **3-Steps**:
  - 1) **Introduction / Ground Rules** explained,
  - 2) **Exploration** ("describe the incident for me" and "what sticks with you now"),
  - 3) **Information** (teach typical stress reactions, normalize their responses, and provide stress education and referral resources). A defusing works well because it is performed quickly and uses the cognitive to affective/emotional to cognitive model.
- ❒ Example: Directly after a search and rescue team returns from an aircraft "find", the CISM and Resiliency Officer notices the group is in a shocked state and employs a Defusing intervention.

G) ICISF© 7-Step Critical Incident Stress Debriefing (CISD): <u>Requires a Licensed Behavioral Health Professional for line-of-duty deaths, suicides, employee shootings, attack on employees, and deaths of children.</u> A CISD should be accomplished by teaming up with a non-CAP team who can provide a Licensed Behavioral Healthcare Professional.

- ❒ <u>What</u>: A 1 to 2 hour, one time, small group, 7-step intervention where the group is able to process a critical incident by moving from a cognitive to affective, then back to a cognitive stage. Anyone who is not coping well should be immediately referred for professional behavioral help.
- ❒ <u>When</u>: 24-72 hours after the incident, but may be up to 6 days after the incident.
- ❒ <u>How</u>: Performed away from site of incident. **<u>7-Steps</u>**:
    - 1) **Introduction** / Ground Rules explained;
    - 2) **Facts** are identified; ("what is your name, what was your role, and what happened from your viewpoint?");
    - 3) **Thoughts** ("What was your first thought when you came off of autopilot?");
    - 4) **Reactions**: ("What was the worst part of the incident from your perspective?"; this is the most important part of the CISD to process the event);
    - 5) **Symptoms**: ("What were your physical symptoms at the scene?" What are your symptoms now?" Are they getting better or worse?);
    - 6) **Teaching**: refer to stress reduction education/teaching above, normalize responses, and provide education and handout resources),
    - 7) **Re-entry**: questions and answers, summarize the discussion, remind about confidentiality, and ensure there is a plan for follow up care. Re-entry is the most important part of the CISD for closure.
- ❒ <u>Example</u>: You are notified about a suicide inside a CAP unit and the wing commander asks you to intervene. You set up a quiet space 72 hours after the incident, contact a behavioral health professional, and set up a CISD.

H) ICISF© 5-Step Line of Duty Death (LODD) Critical Incident Stress Debriefing (LODD-CISD): <u>Requires a Licensed Behavioral Health Professional for line-of-duty deaths, suicides, employee shootings, attack on employees, and deaths of children.</u> A CISD should be accomplished by teaming up with a non-CAP team who can provide a Licensed Behavioral Healthcare Professional.

- ❒ <u>What</u>: A shorter 45 minute to 1 hour, one time, small group, 5-step intervention where the group is able to process a critical incident by moving from a cognitive to affective, then back to a cognitive stage. Anyone who is not be coping well should be immediately referred for professional behavioral help. **This is followed by a 7-Step ICISF CISD 3-5 days after the funeral/burial.**
- ❒ <u>When</u>: **On the day of the LODD**
- ❒ <u>How</u>: Performed away from site of incident. **<u>5-Steps</u>**:
    - 1) **Introduction** / Ground Rules explained;
    - 2) **Facts** are identified; ("what is your name, what was your role, and what happened from your viewpoint?");
    - 3) **Reactions**: ("What was the worst part of the incident from your perspective?"; this is the most important part of the CISD to process the event);
    - 4) **Teaching**: refer to stress reduction education/teaching above, normalize responses, and provide education and handout resources),
    - 5) **Re-entry**: questions and answers, summarize the discussion, remind about confidentiality, and ensure there is a plan for follow up care. Re-entry is the most important part of the CISD for closure.
- ❒ <u>Example</u>: You are notified about a death of a CAP Pilot and the wing commander asks you to intervene. You set up a quiet space the day of the death, contact a behavioral health professional, and set up a LODD-CISD.

Communication Techniques –

- ❒ **Successful completion is correctly explaining all communication methods.**
  - o **Transference –** unconscious transfer of feelings to another (e.g. a person in crisis who has distrust of a peer supporter who reminds them of a former spouse, for example).
  - o **Countertransference –** a peer supporter's feelings toward a person in crisis.
  - o **Good Intention –** All communications should be based on providing selfless service.
  - o **Warm Eye Contact –** be open and inviting to listen.
  - o **Open Body language –** Sit with an open arms/legs posture or relaxed posture.
  - o **Mirroring –** Using their language as acknowledgement of understanding.
  - o **Paraphrasing / Summarizing –** throughout the conversation taking pauses to ensure understanding.
  - o **Pace/Volume of Speech –** Oftentimes slowing your speech and volume will have be calming.

Supporting CAP CISM and Resiliency Officers ("supporting the supporter")

- ❒ After each crisis intervention each CISM and Resiliency Offficer must have a conversation with a person in the helping community (Chaplain, fellow CISM and Resiliency Officer, behavioral health professional, or Health Services profesisonal).
- ❒ The intent is to assess if the member's "listening batteries" are recharged well enough and are able to immediately able to continue working as a CISM and Resiliency Officer. It is strongly recommended to alternate CISM and Resliency Officer duties between Officers.
- ❒ Across the helping professions, most members do not take enough time for themselves to recharge and heal after ushering someone else into health after a trauma.

Best Practices for CAP CISM and Resiliency Team members

- ❒ Preparation is the key to a sucessful CISM or PFA intervention. A lack of preparation will show to the group or individual.
- ❒ Ensure that the CAP Chaplain is involved and available during crisis. Remember that the Chaplain may be the best intervention for a person with spirtual beliefs. Remember to do the best thing for the person in crisis and the ultimate goal is serving the person in crisis. If a person asks you to pray with them, ask if you get or phone the Chaplain to lead.
- ❒ Know the audience; prinicipal languages spoken, backstory of the incident, phrases or acronyms that a group uses, what the landscape of the incident looks like.
- ❒ Have handouts: the best crisis intervention occurs when there are applicable handouts with local resources available.
- ❒ Create and defend a calm environment. Advocate for the person in crisis but do not take over.
- ❒ Ensure that the CAP CISM Team members have a chance to discuss their feelings and thoughts privately afterwards so there are no lingering effects from the intervention.
- ❒ Ensure that members have the opportunity for spirtual crisis intervention with a Chaplian, if they choose, in a separate space after the conclusion of the crisis intervention.
- ❒ Perform a pre-intervention meeting with peer supporters (and behavioral health provider if included) to identify "what if's", team member roles/responsibilities and understand the incident and what employee(s) may be experiencing.
- ❒ **All Interventions must have a documented follow up 12-24 hours after the first meeting.**
- ❒ All CISM / PFA Interventions must have a completed and transmitted CAP CISM and Resiliency Program After-Action Report (AAR) to the NHQ CAP/DO within 24 hours.

Position Task Book (PTB) Sign-off Sheets (five mock interventions required every 3-years)

Mock Crisis Intervention Date:__________________ Type:________________________________
Comments:____
____
[] Successful [] Work needed; ____

Mock Crisis Intervention Date:__________________ Type:________________________________
Comments:____
____
[] Successful [] Work needed; ____

Mock Crisis Intervention Date:__________________ Type:________________________________
Comments:____
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[] Successful [] Work needed; ____

Mock Crisis Intervention Date:__________________ Type:________________________________
Comments:____
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[] Successful [] Work needed; ____

Mock Crisis Intervention Date:__________________ Type:________________________________
Comments:____
____
[] Successful [] Work needed; ____

Mock Crisis Intervention Date:__________________ Type:________________________________
Comments:____
____
[] Successful [] Work needed; ____

FINAL CERTIFICATION
On the date below, the CAP Critical Incident Stress Management and Resiliency Program member fully understands and will abide by the above knowledge tentets, was able to employ the knowledge appropriately during five mock crisis intervention sessions, and signed a CAP CISM Team confidentiality agreement. This credential is valid for three years from date below.

CAP CISM Team Member Name: ____________________________________ Date ________
CAP CISM []Wing []Reg. []Nat. Certifying Staff Name:_____________________ Date _______

Signed by first line CISM supervisor

CAP CRITICAL INCIDENT STRESS MANAGEMENT AND RESILIENCY PROGRAM
PTB 2016-2018
CONFIDENTIALITY AGREEMENT

I voluntarilily agree to be a member of the Civil Air Patrol, Critical Incident Stress Management (CISM) and Resiliency Program's, CISM Team.
Initial: _______

I agree that I will be respectful of all members, and be calming, professional, and ethical at all times.
Initial: _______

I agree that I will refrain from engaging as a CAP CISM Team member when I have had, or may have a future, romantic, business, or close personal relationship with a person in need; instead I will refer them to another CISM and Resiliency Team member.
Initial: _______

I agree that I will not disclose the content of my confidential conversations or the names of people I have had confidential conversations with, unless directed to by the Chief, CAP Critical Incident Stress Management and Resiliency Programs.
Initial: _______

I agree that I will disclose signs of child abuse, elder abuse, thoughts of homocide, thoughts of suicide, thoughts of self-injurious behavior, or thoughts of injury to another person or animal to the proper authorities (e.g. the local child protective agency, law enforcement agency, animal protection agency, or geriatric protective agency).
Initial: _______

I understand that failure to maintain these aggreements will result in removal from the CAP CISM Team and/or removal from CAP, in accordance with CAPR 35-3, paragraph 4b, as appropriate.
Initial: _______

I agree that I will not use the peer supporter relationship for personal or professional gain.
Initial: _______

CAP CISM Team Member Name:________________________________Initial:___________ **CAP CISM Team Member Signature:_____________________________** **Date:____________**
CAP CISM []Wing []Region []National Member Name:____________________________ **CAP CISM []Wing []Region []National Member Signature:_________________________** **Date:____________**

Signed by first line CISM supervisor

CRISIS INTERVENTION SKILLS SHEET – Professional Level Psychological First Aid (PFA)	Observed	
Five Basic Principles of PFA: Maintain an environment of: 1) Safety, 2) Calmness, 3) Connectedness, 4) People have to power to create beneficial self-change (self-efficacy) and 5) Hope. Be flexible; use strategies that fit each survivor's situation.	YES	NO
1) Contact and Engagement - Introduce yourself, explain your purpose for being there, and ask about immediate needs ("what do you need right now?"); consider using the **"**TV-CRAPS" acronym or similar.	YES	NO
Therapy: PFA is a guided conversations and is not therapy and does not replace therapy, but has been shown to reduce the length of any potential therapy that may be needed. Our job is to ensure the team bounces back in a healthy way. **V**oluntary: participation is voluntary; if you want to talk, talk openly and honestly, but please do not go into graphic detail because we don't want to re-traumatize anyone. If you are not ready to talk, don't talk, but please stay and listen to support your fellow members. **C**onfidential: all statements are confidential and please only speak about what you experienced from your viewpoint. However, if there is discussion about abuse of a child or elderly person, a plan to injure someone, or a plan to hurt yourself I will have to break confidentiality and involve someone else. **R**ecordings: there are no recordings or notes taken. All we can acknowledge is that a meeting occurred; we cannot disclose who attended or what occurred. This is strictly confidential. I ask that the group also not discuss what occurred here. **A**AR: this is not an After Action Report or forum for changes in policy. **P**eople: only people who were directly involved are allowed to participate (no family members, friends, or off-duty members). Don't forget about communications staff. **S**piritual: If you have spiritual beliefs, you may be best served by a CAP Chaplain or another spiritual leader. I will not take it personally if there Is there someone who might be a better fit for you to talk to?	YES	NO
2) Safety / comfort: create, defend, and maintain their safety and comfort (e.g. turning off the TV, moving them to a quieter or safer location). Identify what they need right now to be more comfortable (e.g. food, water, blankets, toys for children, information).	YES	NO
3) Stabilization (only when people are in crisis): Explain that for you to successfully do your job you need them to dispose of the "fight or flight" chemicals in their body and you can help them with that by using one of the below techniques: **A) Diaphragmatic breathing:** directly combats the "fight or flight" reflex through slowing pulse/respiration rates and reduces your "fight or flight" response. Place a chair nearby for safety and sit if you feel weak or lightheaded. a. **Step 1:** Breathe in through your nose as you silently count to four (or so). As you breathe in, expand your abdominal muscles. This allows your lungs to have more area to expand and absorb oxygen. b. **Step 2:** Hold your breath for one second (or so). c. **Step 3:** Exhale through your mouth as you silently count to eight (or so). As you exhale, tighten your abdominal muscles. This forces extra air out of the chest. d. **Repeat** for three or four breathing cycles (sit if you feel lightheaded).	YES	NO

B) Mental Grounding: Describe objects, sounds, textures, colors, smells, shapes, numbers, or the temperature or describe an everyday activity in great detail. **C) Soothing Grounding** Say kind statements, as if you were talking to a small child- for example, "you will get through this" or "I am safe". **D) Physical Grounding:** Slowly touch various objects around you like a pen, keys, your clothing, or a wall. Consider digging your heels into the floor while noticing the tension centered in your heels as you do this or carrying a grounding item in your pocket and touching it when you feel the need. **E) Butterfly hugs:** have been found to create a feeling of safety but <u>should only done when the person is absolutely safe</u>. a. **Step 1:** Wrap your arms around yourself so that each hand touches the opposite shoulder or have your hands touch your knees. b. **Step 2:** Slowly and gently hold one shoulder or knee with one hand and then release and hold with the opposite hand in an alternating, slow, rhythmic fashion.		
4) **Information Gathering:** what coping mechanisms have they used in previous struggles? Can they use those or similar coping skills today?	YES	NO
5) **Practical assistance:** assist them with their action plan**. Organize their steps.** -What is the next step to get through this? -Can I help you organize your plan to get through this? -Can I help you write a script so you can communicate what happened?	YES	NO
6) **Connect w/ social support:** ensure they are connected/engaged with loved ones. If not present, consider asking what that loved would want them to do.	YES	NO
7) **Coping information** Consider using the "FRESH-PIES" acronym information:	YES	NO
• **Friends/Family**: being social and speaking with close friends or family members and/or writing how you feel will reduce some of the emotions. • **Relaxation**: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate physical symptoms. • **Eat well** balanced foods and refrain from alcohol or other substances. • **Structure**: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms. • **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. <u>Good sleep hygiene habits include</u>: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping • **Pace yourself** and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling. • **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is an important facet of recovery. • **Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover is an important piece of recovery. • **Spiritual**: May I provide you the CAP Chaplains contact information?	YES	NO
8) **Linkage** with resources/services for continued care. Ensure a written plan for the next 12-24 hours, follow up in 12-24 hours, and complete the CAP CISM and Resiliency Program After-Action report within 24 hours.	YES	NO

CRISIS INTERVENTION SKILLS SHEET – ICISF© Pre-crisis / Pre-Exposure Preparation	Observed	
10 to 20-minute, one-time, **large group** intervention where expectations about what people may experience (see, hear, smell, touch) and stress reduction education occurs prior to the team entering the crisis scene. **This is a best practice for a group going into a disaster or potentially disturbing scene.**		
1) Meet and Greet: Explain that you are from the CAP Critical Incident Stress Management and Resiliency Team and you were asked by the Incident Commander to talk about what you will experience, explain some coping mechanisms to reduce stress while participating in the mission, and what you might experience after the mission.	YES	NO
2) Stress Reactions: Explain that everyone has specific stress reactions to stress and that a single large incident can produce those stress reactions or that many small incidents over time can produce those stress reactions. Explain that each person should monitor their body for sign	YES	NO
3) Self Awareness: Explain that each person should monitor their body for signs of stress; muscle tightening, more rapid breathing, less patience,	YES	NO
4) Mission Strategies: Explain that while inside the mission site there are some strategies that will help you to complete the mission: a. **Take frequent stress breaks**; turn away from the scene, and look at something other than the scene; all team members should be reminded to take stress breaks. Consider asking the team leader to schedule them. b. **Deep Breathing helps you de-stress chemically;** inhale over 4 seconds while you push your belly out, hold it in for one second, and then exhale over 8 seconds while you squeeze your belly. Do this several times. c. **Streaching**; taking several streatching breaks and stretch your muscles.	YES	NO
5) Mission Specifics: Explain the specifics about the scene; a. You will potentially see (dead bodies, debreis, people in crisis, children crying) b. You will potentially hear (people screaming or crying, loud machinery working, sirens) c. You will potentially smell (aircraft fuel, burned remains,)	YES	NO
6) Post Care: Explain that when the group returns from the scene you will be talking to them again (performing an ICISF© Demobilization or Defusing) to make sure that CAP returns you back home in the same shape we received you. Explain that reactions to stress are normal and you will give them information once they return on reactions to stress.	YES	NO

CRISIS INTERVENTION SKILLS SHEET – ICISF© Demobilization	Observed	
A 30-minute **homogeneous group** intervention discussion for large scale incidents provided only after the first exposure, after mission is complete, and to a group that had a similar exposure of stress to "refuel" and not return to the incident for at least 6 hours. Provide information on typical stress signs / symptoms / reactions, the self-care coping strategies, and an invitation for anyone to make a statement (typically people do not speak frequently but an invitation should be made) followed by a 20-minute food and rest period in a different room. **Not for line of duty deaths; consider 1) PFA or 2) an ICISF© LODD-CISD followed by a CISD.**		
1) Introduction: **Meet and Greet**: Explain that you are from the CAP Critical Incident Stress Management and Resiliency Team and you were asked by the Incident Commander to talk about what you will experience, explain some coping mechanisms to reduce stress while participating in the mission, and what you might experience after the mission. "TV CRAPS" Acronym: • **T**herapy: This is a guided conversations and is not therapy and does not replace therapy, but has been shown to reduce the length of any potential therapy that may be needed. Our job is to ensure the team bounces back in a healthy way. • **V**oluntary: participation is voluntary; if you want to talk, talk openly and honestly, but please do not go into graphic detail because we don't want to re-traumatize anyone. If you are not ready to talk, don't talk, but please stay and listen to support your fellow members. • **C**onfidential: all statements are confidential and please only speak about what you experienced from your viewpoint. However, if there is discussion about abuse of a child or elderly person, a plan to injure someone, or a plan to hurt yourself I will have to break confidentiality and involve someone else. • **R**ecordings: there are no recordings or notes taken. All we can acknowledge is that a meeting occurred; we cannot disclose who attended or what occurred. This is strictly confidential. I ask that the group also not discuss what occurred here. • **A**AR: this is not an After Action Report or forum for changes in policy. • **P**eople: only people who were directly involved are allowed to participate (no family members, friends, or off-duty members). Don't forget about communications staff. • **S**piritual: If you have spiritual beliefs, you may be best served by a CAP Chaplain or another spiritual leader. I will not take it personally if there is there someone who might be a better fit for you to talk to?	YES	NO
2) Information on the traditional course of stress: Explain that everyone will have some response to a stressful situation and that some common ones include: changes in relationships (withdrawal, or employment problems), physical (stressful muscles, rapid heartbeat, change in appetite), thinking (reliving the stress, difficulty living in the present), emotions (feeling guilty, feeling depressed) changes in behavior (risk taking behavior, change in sleeping), or spiritual change (loss of purpose, anger at higher power). Explain that these are all normal reactions and will reduce over time.	YES	NO
3) Information on Stress "First Aid": a. **Friends/Family**: being social and speaking with close friends or family members and/or writing how you feel will reduce some of the emotions.	YES	NO

b. **Relaxation**: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate some of the physical symptoms. c. **Eat well** balanced foods and refrain from alcohol or other substances. d. **Structure**: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms. e. **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. Good sleep hygiene habits include: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping f. **Pace yourself** and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling. g. **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is an important facet of recovery. **h. Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover is an important piece of recovery. **i. Spiritual**: May I provide you the CAP Chaplains contact information?		
4) Provide Contact Information	YES	NO
5) Ask for questions from the group	YES	NO
6) Food/Rest: Provide 20 minutes to refuel prior to going home.	YES	NO
7) Refer those who need assistance	YES	NO
8) Provide Follow Up: Ensure that each person has a plan for follow up in 12 and 24 hours and that a CAP CISM and Resiliency Program After-Action Report is completed within 24 hours.		

<table>
<tr><th>CRISIS INTERVENTION SKILLS SHEET – ICISF© Defusing</th><th colspan="2">Observed</th></tr>
<tr><td>A 3-step, 20-45 minute, small group crisis intervention discussion that is used after the situation has ended to “take the edge off” prior to sleeping / returning home. <u>Not for line of duty deaths; consider 1) PFA or 2) an ICISF© LODD-CISD followed by a CISD</u>.</td><td colspan="2"></td></tr>
<tr><td>1. Introduction: Explain that you are from the CAP Critical Incident Stress Management and Resiliency Team and you were asked by the Incident Commander to talk about what you will experience, explain some coping mechanisms to reduce stress while participating in the mission, and what you might experience after the mission. “TV CRAPS” Acronym:
• Therapy: This is a guided conversations and is not therapy and does not replace therapy, but has been shown to reduce the length of any potential therapy that may be needed. Our job is to ensure the team bounces back in a healthy way.
• Voluntary: participation is voluntary; if you want to talk, talk openly and honestly, but please do not go into graphic detail because we don’t want to re-traumatize anyone. If you are not ready to talk, don’t talk, but please stay and listen to support your fellow members.
• Confidential: all statements are confidential and please only speak about what you experienced from your viewpoint. However, if there is discussion about abuse of a child or elderly person, a plan to injure someone, or a plan to hurt yourself I will have to break confidentiality and involve someone else.
• Recordings: there are no recordings or notes taken. All we can acknowledge is that a meeting occurred; we cannot disclose who attended or what occurred. This is strictly confidential. I ask that the group also not discuss what occurred here.
• AAR: this is not an After Action Report or forum for changes in policy.
• People: only people who were directly involved are allowed to participate (no family members, friends, or off-duty members). Don’t forget about communications staff.
• Spiritual: If you have spiritual beliefs, you may be best served by a CAP Chaplain or another spiritual leader. I will not take it personally if there is there someone who might be a better fit for you to talk to?</td><td>YES</td><td>NO</td></tr>
<tr><td>2. Exploration: Ask each person in the group:
• “What happened from your viewpoint?”
• “What was significant for you?”
• “What sticks with you now?”</td><td>YES</td><td>NO</td></tr>
<tr><td>3. Information on Stress responses / Coping Skills
Explain that everyone will have some response to a stressful situation and that some common ones include: changes in relationships (withdrawal, or employment problems), physical (stressful muscles, rapid heartbeat, change in appetite), thinking (reliving the stress, difficulty living in the present), emotions (feeling guilty, feeling depressed) changes in behavior (risk taking behavior, change in sleeping), or spiritual change (loss of purpose, anger at higher power). Explain that these are all normal reactions and will reduce over time.</td><td>YES</td><td>NO</td></tr>
</table>

a. **Friends/Family**: being social and speaking with close friends or family members and/or writing how you feel will reduce some of the emotions. b. **Relaxation**: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate some of the physical symptoms. c. **Eat well** balanced foods and refrain from alcohol or other substances. d. **Structure**: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms. e. **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. <u>Good sleep hygiene habits include</u>: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping f. **Pace yourself** and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling. g. **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is an important facet of recovery. **h.** **Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover is an important piece of recovery. **i.** **Spiritual**: May I provide you the CAP Chaplains contact information?		
Provide Referral to those who need assistance	YES	NO
Provide Follow Up: Ensure that each person has a plan for follow up in 12 and 24 hours and that a CAP CISM and Resiliency Program After-Action Report is completed within 24 hours.	YES	NO

<table>
<tr><th>CRISIS INTERVENTION SKILLS SHEET – One on One / SAFE-R Model for Individuals</th><th colspan="2">Observed</th></tr>
<tr><td>A 20-60 minute single person or potentially a single person and their spouse crisis intervention discussion that is simple, brief, practical, positive, and solution-based.</td><td colspan="2"></td></tr>
<tr><td>1) Ground Rules: Introduce yourself, explain your purpose for being there, and ask about immediate needs (“what do you need right now?”); consider using the “TV-CRAPS” acronym or similar.

Therapy: PFA is a guided conversations and is not therapy and does not replace therapy, but has been shown to reduce the length of any potential therapy that may be needed. Our job is to ensure the team bounces back in a healthy way.

Voluntary: participation is voluntary; if you want to talk, talk openly and honestly, but please do not go into graphic detail because we don’t want to re-traumatize anyone. If you are not ready to talk, don’t talk, but please stay and listen to support your fellow members.

Confidential: all statements are confidential and please only speak about what you experienced from your viewpoint. However, if there is discussion about abuse of a child or elderly person, a plan to injure someone, or a plan to hurt yourself I will have to break confidentiality and involve someone else.

Recordings: there are no recordings or notes taken. All we can acknowledge is that a meeting occurred; we cannot disclose who attended or what occurred. This is strictly confidential. I ask that the group also not discuss what occurred here.

AAR: this is not an After Action Report or forum for changes in policy.

People: only people who were directly involved are allowed to participate (no family members, friends, or off-duty members). Don’t forget about communications staff.

Spiritual: If you have spiritual beliefs, you may be best served by a CAP Chaplain or another spiritual leader. I will not take it personally if there Is there someone who might be a better fit for you to talk to?</td><td>YES</td><td>NO</td></tr>
<tr><td>2) Stabilize: Protect the person from stress. Assess if they are actively in crisis and if so, provide a calming presence.</td><td>YES</td><td>NO</td></tr>
<tr><td>3) Acknowledge: Be clear that help is available, that they are strong and responsible for accessing help, and that they are experiencing a normal response to an abnormal experience.</td><td>YES</td><td>NO</td></tr>
<tr><td>4) Facilitate: Start an open, honest, and caring discussion that is focused on an achievable, step-wise, and proactive plan. Write the plan down on a card that has your contact information.</td><td>YES</td><td>NO</td></tr>
<tr><td>5) Encourage: Encourage coping skills and available resources.
a. Friends/Family: being social and speaking with close friends or family members and/or writing how you feel will reduce some of the emotions.
b. Relaxation: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate some of the physical symptoms.
c. Eat well balanced foods and refrain from alcohol or other substances.
d. Structure: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms.</td><td>YES</td><td>NO</td></tr>
</table>

e. **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. Good sleep hygiene habits include: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping f. **Pace yourself** and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling. g. **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is an important facet of recovery. **h. Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover is an important piece of recovery. **i. Spiritual**: May I provide you the CAP Chaplains contact information?		
6) Recovery or Referral: Explain the expectations for recovery and normalize the common stress reactions. If the reactions are outside the normal spectrum, refer the person to a higher level of care.	YES	NO
7) Provide Follow Up: Ensure that each person has a plan for follow up in 12 and 24 hours and that a CAP CISM and Resiliency Program After-Action Report is completed within 24 hours. Only 3 one on one interventions should be performed; after that the CAP member should be referred.	YES	NO

<table>
<tr><th>CRISIS INTERVENTION SKILLS SHEET – ICISF© Critical Incident Stress Debriefing (CISD)</th><th colspan="2">Observed</th></tr>
<tr><td>1 to 2 hour, one time, small group, 7-step intervention where the group is able to process a critical incident by moving from a cognitive to affective, then back to a cognitive stage performed 24-72 hours (but after 6-days) after the incident. Anyone who is not coping well should be immediately referred to professional behavioral help. Requires an outside licensed behavioral healthcare professional.
Note: The ICISF© 5-Step, Line of Duty Death Critical Incident Stress Debriefing (LODD-CISD) is a 45 minute version of the CISD, requires a Licensed Behavioral Health Professional, and is used for line-of-duty deaths, suicides, employee shootings, an attack on employees, and deaths of children. LODD-CISD involves: Introduction, Facts, Reactions, Teaching, and Re-entry. The LODD-CISD is typically done the day of the incident and is then followed by a 7-Step ICISF CISD 3-5 days after the funeral/burial.</td><td colspan="2"></td></tr>
<tr><td>1) Introduction: Introduce yourself, explain your purpose for being there, and ask about immediate needs (“what do you need right now?”); consider using the “TV-CRAPS” acronym or similar.

Therapy: PFA is a guided conversations and is not therapy and does not replace therapy, but has been shown to reduce the length of any potential therapy that may be needed. Our job is to ensure the team bounces back in a healthy way.

Voluntary: participation is voluntary; if you want to talk, talk openly and honestly, but please do not go into graphic detail because we don’t want to re-traumatize anyone. If you are not ready to talk, don’t talk, but please listen to support your peers.

Confidential: all statements are confidential and please only speak about what you experienced from your viewpoint. However, if there is discussion about abuse of a child or elderly person, a plan to injure someone, or a plan to hurt yourself I will have to break confidentiality and involve someone else.

Recordings: there are no recordings or notes taken. All we can acknowledge is that a meeting occurred; we cannot disclose who attended or what occurred. This is strictly confidential. I ask that the group also not discuss what occurred here.

AAR: this is not an After Action Report or forum for changes in policy.

People: only people who were directly involved are allowed to participate (no family members, friends, or off-duty members). Don’t forget about communications staff.
Spiritual: If you have spiritual beliefs, you may be best served by a CAP Chaplain or another spiritual leader. I will not take it personally if there Is there someone who might be a better fit for you to talk to?</td><td>YES</td><td>NO</td></tr>
<tr><td>2) Facts: Each person is asked the following questions with an open body posture and keen eye on the person’s reactions while speaking:
“What is your name and what was your role?” and
“What happened from your view point?”</td><td>YES</td><td>NO</td></tr>
<tr><td>3) Thoughts: Each person is asked the following question with an open body posture and keen eye on the person’s reactions while speaking:
“What were your thoughts after you came off of autopilot?” or
“What were you first or most prominent thoughts?”</td><td>YES</td><td>NO</td></tr>
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4) Reactions: Each person is asked the following question with an open body posture and keen eye on the person's reactions while speaking: • "What was the first reaction you felt after you came of autopilot?" **or** • "What was the worst part of the event from your perspective"	YES	NO
5) Symptoms: Each person is asked the following question with an open body posture and keen eye on the person's reactions while speaking: • "What were your physical symptoms at the scene?" • "What were your physical symptoms afterwards?" • "What are your symptoms now?"	YES	NO
6) Teaching: Explain that everyone will have some response to a stressful situation and that some common ones include: changes in relationships (withdrawal, or employment problems), physical (stressful muscles, rapid heartbeat, change in appetite), thinking (reliving the stress, difficulty living in the present), emotions (feeling guilty, feeling depressed) changes in behavior (risk taking behavior, change in sleeping), or spiritual change (loss of purpose, anger at higher power). Explain that these are all normal reactions and will reduce over time. a. **Friends/Family**: being social and speaking with close friends or family members and/or writing how you feel will reduce some of the emotions. b. **Relaxation**: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate some of the physical symptoms. c. **Eat well** balanced foods and refrain from alcohol or other substances. d. **Structure**: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms. e. **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. Good sleep hygiene habits include: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping f. **Pace yourself** and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling. g. **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is important. **h. Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover is an important piece of recovery. **i. Spiritual**: May I provide you the CAP Chaplains contact information? **j. Address any concerns brought up by the group.**	YES	NO
7) Re-Entry: This is where you "tie up" any loose questions or concerns. • Remind about confidentiality • Provide your contact information as well as any additional resources. • Quietly refer anyone who requires additional assistance.	YES	NO
8) Provide Follow Up: Ensure that each person has a plan for follow up in 12 and 24 hours and that a CAP CISM and Resiliency Program After-Action Report is completed within 24 hours.	YES	NO

CRISIS INTERVENTION SKILLS SHEET – **ICISF© Crisis Management Briefing (CMB)**	Observed	
A 30-45-minute **large group** crisis information briefing that can be used before, during, or after an incident and may be repeated as needed to update people on the incident and provide information on resources. Typically a trusted leader briefs the facts of the incident and then the CISM and Resiliency Officer briefs the information on stress and coping skills. Strongly recommend using a briefing format for this brief.		
1) Introduction/Facts: The trusted leader explains that the CMB's goal is to ensure everyone has the facts of the incident, has time to ask questions, and receives some information on coping with stress. The trusted leader **explains the facts** of the incident as of the time of the brief.	YES	NO
2) Question and Answer: The trusted leader offers the opportunity for the audience to answer questions. If the trusted leader is unable to answer a question or the person appears agitated, take this opportunity to take the stage and explain that afterward you will meet with them and find the answer to their questions	YES	NO
3) Coping Information: The trusted leader steps back and this is the opportunity for the CAP CISM and Resiliency Officer to be center stage to explain the typical course of stress and explains some coping mechanisms. • Explain that **everyone will have some response to a stressful situation** and that some common ones include: changes in relationships (withdrawal, or employment problems), physical (stressful muscles, rapid heartbeat, change in appetite), thinking (reliving the stress, difficulty living in the present), emotions (feeling guilty, feeling depressed) changes in behavior (risk taking behavior, change in sleeping), or spiritual change (loss of purpose, anger at higher power). Explain that these are all normal reactions and will reduce over time. • **Friends/Family**: being social and speaking with close friends or family members and/or writing how you feel will reduce some of the emotions. • **Relaxation**: within the first 24-48 hours periods of physical exercise alternated with mindful periods of relaxation will alleviate some of the physical symptoms. • **Eat well** balanced foods and refrain from alcohol or other substances. • **Structure**: maintain structure and try to not deviate from your normal schedule; this will alleviate some of the cognitive (thinking) symptoms. Being proactive by making your daily life decisions will give you a sense of control and alleviate some of the cognitive and behavioral symptoms. • **Hibernation:** Sleeping and taking a 30-45 minute nap can be helpful to recharge the energy that has been lost in the grieving process. Ensure naps are short and are limited to only 30-45 minutes because excessive sleeping can lead to additional stress reactions. Good sleep hygiene habits include: using your bed only for sleep, limiting caffeine, large meals, alcohol, or bright lights for 3-hours prior to sleeping • **Pace yourself** and be patient with yourself and your healing, if you are not improving as fast as you think you should, seek professional counseling. • **Involvement**: getting people involved in taking care of themselves, serving others, and actively assisting the group is an important facet of recovery. • **Expectations**: Having the expectation that you will recover and taking responsibility for doing the work to recover is an important piece of recovery.	YES	NO

• **Spiritual**: Provide the CAP Chaplain's or other religious leader's contact information if requested.		
4) **Follow up:** Offer those who would like to speak your contact information. Complete the CAP CISM and Resiliency after action form within 24 hours.	YES	NO

CRISIS INTERVENTION SKILLS SHEET – **Suicide Postvention**	Observed	
Suicide postvention can occur in many different venues; group, individual, or virtual/on-line. The overall goal, regardless of the venue, is to emphasize a prevention response based on the recognition of risk factors and warning signs.		
Overall Suicide Response Protocol (based on UCLA, School Mental Health Project, 2003) **1) Verify** that there was a suicide with a trusted person in a leadership role. Explain that you are there from the CAP CISM and Resiliency Program and are there to care for the adult and youth members. Providing postvention when not indicated may sensationalize suicide.	YES	NO
2) Assess the potential impact to the group (unit/wing/region); remember to assess geographical proximity, psychosocial proximity (working groups, online member contacts, National activities), and populations at risk **(if a below bullet is "yes", there is a risk for suicide for at least 2 years).** a. Does a survivor blame themselves? b. Is a survivor being blamed by others for a suicide? c. Have memorial services / vigils occurred where people are viewing significant grief/emotions? d. Did a survivor have ANY exposure to a peer's suicide or the aftermath? e. Are there people who have previously demonstrated or have a history of family member suicidal behavior? f. Are there people who have experienced recent loss? g. Are there people who have a history of being bullied? h. Are there people who do not feel part of the group? i. Are there people who have weak levels of social / familiar support? j. Are there people who have experienced behavioral health illness?	YES	NO
3) Estimate the level of response resources required. CISO and Chaplain support? Several Wing CISOs? Wing and Regional CISOs? National CISOs?	YES	NO
4) Advise Commander(s) (unit/wing/region) on the situation and how to proceed; ensure they show calmness, that all members are safe, that they believe that all members can change for the better, and that social connectedness and hope are important.	YES	NO
5) Contact the family of the person who died of suicide to determine what and how information may be shared – seek permission to disclose to the unit/wing/region as a means of stopping additional suicides.	YES	NO
6) Mobilize CISM response and emphasize following bullets: (based on NASP, Brock, S. 2002) a. Separate the facts from the rumors of the suicide. Don't provide extreme details. b. Ensure understanding that "suicide survivor guilt" responses are normal and emphasize that if the survivor had a true belief that the decedent was going to kill themselves, the survivor would have acted. Feeling of rejection and desertion affect survivor's self-esteem. c. Ensure understanding that suicide is permanent, fleeting thoughts of suicide are normal, and that having angry emotions about the decedent is normal. d. Ensure CAP members accept that emotional reactions (e.g. anger) following suicide is normal, but people who select self-injurious behavior, suicide attempts, or suicidal behavior can receive help.	YES	NO

e. Ensure that the most common reason for suicide is a behavioral health illness (depression, anxiety, and other behavioral health disorders). f. Ensure CAP members recognize the warning signs and helping resources.		
7) **Inform and prepare Commanders / Staff.** Ensure that all Commanders / Staff are aware of the risk factors, warning signs, and protective factors for suicide. Ensure that they understand that they need to immediately refer members who are at risk or members who have risk factors / warning signs.	YES	NO
8) **Identify at risk members** and notify parents of highly affected Cadets.	YES	NO
9) **Prepare strategic communications (online and printed versions) for the current incident and for the future anniversaries**	YES	NO
10) **Refer those who need assistance**	YES	NO
11) **Provide Follow Up:** Ensure that each person has a plan for follow up in 12 and 24 hours and that a CAP CISM and Resiliency Program After-Action Report is completed within 24 hours.		