NATIONAL HEADQUARTERS CIVIL AIR PATROL

CAP REGULATION 60-5

3 NOVEMBER 2006

Operations

CRITICAL INCIDENT STRESS MANAGEMENT

This regulation prescribes concepts, policies, and standards that govern all Civil Air Patrol (CAP) personnel in the training, qualification, and implementation of Critical Incident Stress Teams (CIST). Practices, procedures, and standards prescribed in this regulation are mandatory. Forward all suggestions for modification and improvement of the program through channels to NHQ CAP/DO. **Note: This regulation is revised in its entirety.**

SUMMARY OF CHANGES.
This revision gives NHQ CAP/DO the authority to authorize waivers; clarifies the reporting structure and requirements for Critical Incident Stress Management Officers at the region and wing level respectively; adjusts education and licensure requirements for CIST personnel to meet current needs; and changes the web link for qualified team members. This revision also further defines deployment requirements; expands mission coverage for CIST usage to all Air Force-assigned missions instead of just search and rescue and disaster relief missions; and outlines the authority to wear the CAP CISM Patch.

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1. General. Critical Incident Stress Management (CISM) may be defined as a comprehensive, integrated, multi-component crisis intervention system. CISM is solidly based in crisis intervention theory and educational intervention theory. CISM is considered to be comprehensive because it consists of multiple crisis intervention components that functionally span the entire temporal spectrum of a crisis and can be applied to individuals, small functional groups, large groups, and even organizations. CAP follows the core components of CISM as set forth by the International Critical Incident Stress Foundation (ICISF) while also providing for CAP specific needs in administering its CISM program.

Supersedes CAPR 60-5, 17 August 2002.
OPR: DO
Distribution: In accordance with CAPR 5-4.

2. Supplements/Operating Instructions/Waivers. Any written supplement, letter, clarification, waiver, or operating instructions to this regulation must have prior written approval of NHQ CAP/DO. NHQ CAP/DO will coordinate approval with CAP-USAF.

3. Program Guidance. The CISM process is designed to mitigate the psychological impact of a traumatic event, e.g., plane crash, natural disaster, serious incident, or accident. It also serves as an early identification mechanism for individuals who may require professional mental health follow-up subsequent to a traumatic event. No one in emergency services is immune to critical incident stress, regardless of past experiences or years of service. CISM takes care of CAP members (primarily) and support personnel from other agencies (secondarily) who experience a potentially traumatizing event serving at a mission site or other CAP emergency services activity.

a. The CISM program will organize under the Civil Air Patrol Chief of Staff (CAP/CS). The National Commander shall appoint a National CISM Advisor (CAP/CIS). The CAP/CIS's counterpart on the staff at National Headquarters is the Deputy Director of Operations (NHQ CAP/DO).

(1) The CAP/CIS will, by training and experience, demonstrate attitude, knowledge, and skills in regards to the utilization of CISM resources. The CAP/CIS will also demonstrate knowledge and ability in training others for CISM readiness (wing/region/national levels) according to ICISF standards and practices. The CAP/CIS should be actively involved in the CISM program and be an ICISF qualified trained trainer.

(2) The CAP/CIS may appoint a staff, as needed, for the proper management of the CISM Program. The staff will be appointed by the CAP/CIS with the approval of the NHQ/CS.

(3) The CAP/CIS will publish guidance and sample standard operating procedures for the CISM program.

b. Although organized and supervised by the National staff, operationally, much of the CISM program will occur at the region and wing levels. One National CIST is in place for limited support and deployment as necessary using the same guidelines noted below.

c. Region and wing commanders will implement this regulation, but are encouraged to delegate this responsibility to a region CISM officer. Region and wing CISM officers will be appointed in *e*-services so that the officer receives privileges in electronic database systems.

(1) Each region CISM officer shall report to the deputy chief of staff for operations or deputy chief of staff for emergency services as appropriate to ensure a close working relationship with the personnel that will likely need support, and will use the office symbol CIS. This can be an additional duty assignment, though it is not recommended, and the CIS cannot be the emergency services officer, director of operations, or chaplain as these duty assignments already have overlapping responsibilities with the CIS that could preclude proper support to members during critical operations. The CIS must be actively involved in the CISM program and be an ICISF qualified trained peer.

(2) Each wing CISM officer, if assigned, shall report to the wing director of operations or director of emergency services as appropriate to ensure a close working relationship with the personnel that will likely need support, and will use the office symbol CIS. This can be an additional duty assignment, though it is not recommended, and the CIS cannot be the emergency services officer, director of operations, or chaplain as these duty assignments already have overlapping responsibilities with the CIS that could preclude proper support to members during critical operations. The CIS must be actively involved in the CISM program and be an ICISF qualified trained peer.

d. CAP encourages all personnel to receive critical incident stress management training. For those who want to help their fellow responders, the "CISM: Group Crisis Intervention" and "CISM: Individual Crisis Intervention and Peer Support" courses are recommended.

e. The use of equally qualified, local, non-CAP teams to respond to incident stress-affected CAP members are highly encouraged, with the inclusion of a CAP peer member (see paragraph 4a(3)) of that response team preferred. The use of local, non-CAP teams will somewhat limit the need to dispatch a trained CAP CIST. Each active duty Air Force base is required to have a CIST, which, with prior coordination, may also be able to support CAP.

f. Local, non-CAP assets may mitigate the CAP training requirement, but not eliminate it; therefore, CAP will conduct this program with a regional perspective. Within each region, local non-CAP assets should be identified and a commitment obtained for their possible use.

g. Each wing will assess the need for a CIST. Each wing should, even if utilizing local non-CAP resources, appoint a wing CIS to develop contacts with local CISM teams, coordinate CISM services, and develop PEP (Pre-Exposure Preparation) Training. Knowing that coping mechanisms may be challenged beyond an individual's experience, PEP training is associated with knowing what to do in those times to maximize potential performance and minimize performance reduction. PEP training is a preventative approach to help individuals prepare for and cope with potentially traumatic events. It can be useful for everyone facing exposure to such events and promotes optimal performance. PEP training materials are available not only for individuals but also for commanders and key staff who are unfamiliar with the CISM program, and facilitators disseminating the information. PEP training materials and other CAP CISM resource materials are available on-line at: http://www.capcism.com

4. CIST Membership and Formation. All individuals participating in operational activities should have the opportunity to receive appropriate CISM services.

a. As there may not be a local team available, each CAP region must have its own CIST comprised of peers and at least one licensed Mental Health Professional (MHP) (see paragraph 4.a.(2)). It is suggested that the teams fulfill all of the roles below, without restriction to limiting the number of individuals in each role. The composition of the teams responding to an incident is based on the size and needs of the event. All team members must have CISM training as outlined in paragraph 5, and be at least 21 years of age.

(1) Clinical Directors. The clinical director will be a MHP (see below) overseeing a wing/region/national team. A clinical director is not required for a team to deploy, but should be available for consultation if necessary remotely. If a team does not have a clinical director, the team's MHPs may consult with the clinical director of the National CISM team.

(2) Mental Health Professionals (MHP). A licensed psychiatrist, psychologist, social worker, or master's prepared mental health nurse. **Note**: CISM is not therapy even though mental health professionals are part of the team. The goal is to encourage people to understand the normal physical, emotional, cognitive, and behavioral reactions to traumatic events and to promote effective coping with their exposure to the event.

(3) Peer Members. Non-caregiver advocates for involved individuals who will bring to the team expertise in CAP benefits and personnel issues. Peers are the backbone of the CISM program. It is recommended that these members have strong CAP emergency services backgrounds and awareness of the incident command system. Medical professionals and chaplains are often valuable peers.

b. Each region and wing will notify members in writing as they are assigned or removed from a CIST with courtesy copies to NHQ CAP/DO.

c. NHQ CAP/DO will post documentation and contact information for interested personnel in a secure database that each region and wing CIS or their designees should review regularly for potential assignment to a CIST. Region assignments require the approval of the region commander or his designee; wing appointments require the approval of the wing commander or his designee.

d. Each region or wing CIS will track the currency of their CIST clinical directors, mental health professionals, and peer members and notify NHQ CAP/DO if personnel are no longer current so that members can be removed from the active files.

e. Each region and wing CIS will establish standard operating procedures that will include, at a minimum, an assessment of local conditions, survey of available locally trained resources, and a response plan addressing team activation.

5. Training. Specific training is required to be a peer member, mental health professional, or clinical director for a CAP CIST.

a. Minimum Training Requirements. The following outlines the minimum requirements for CIST personnel:

(1) CIST Clinical Directors. Clinical Directors will be Mental Health Professionals (meeting MHP criterion below) specially trained in crisis intervention, stress, and post-traumatic stress disorder. They will be trained to higher standards of the ICISF and it is preferred that they have a background in grief/loss. CIST Clinical Directors must also have completed the ICISF Course: Advanced Group Crisis Intervention.

(2) CIST Mental Health Professionals (MHPs). CIST MHPs will be trained to the basic level standards of ICISF at a minimum. The fundamental course is ICISF's CISM: Group Crisis Intervention. These individuals will be licensed MHPs having at least a master's degree in psychology, social work, psychiatric nursing, or mental health counseling. They should be specially trained in crisis intervention, stress, post-traumatic stress disorder, and preferably ICISF's CISM: Individual Crisis and Peer Support.

(3) CIST Peer Members. CIST Peer members will be trained to the basic level standards of ICISF at a minimum. The fundamental course is ICISF's CISM: Group Crisis Intervention. Additional training in peer support and crisis intervention is highly recommended for all CIST members, preferably ICISF's CISM: Individual Crisis and Peer Support.

Note: Trained personnel interested in serving on a CIST as a peer, mental health professional, or clinical director must forward a copy of their course completion certificate(s) and/or other applicable credentials along with their name and CAPID to NHQ CAP/DO who will maintain records of qualified members available to Region CISM Directors and Wing CISM Officers.

b. Course Scheduling. Courses are available through the International Critical Incident Stress Foundation, Inc., 10176 Baltimore National Pike, Unit 201, Ellicott City, MD 21042. The web site is http://www.icisf.org/. A list of locations and dates for all ICISF approved courses are available at their web site. Arrangements for dedicated courses may be made by contacting ICISF. **Note:** Dedicated ICISF Individual Crisis and Peer Support Courses may also be arranged utilizing CAP members that are also ICISF trained instructors. For detailed information, contact NHQ CAP/DO or cism@cap.gov.

c. Training Cost. In addition to training funds allotted annually, the CISM program is authorized limited corporate funds annually to offset the cost of the training and operations of CISTs in the field. These funds will be managed by NHQ CAP/DO. CAP members volunteer to qualify and join a CIST; training costs may be offset for the member through partially funded CAP sponsored CISM courses.

d. Currency:

(1) CIST clinical directors and mental health professionals will maintain currency by maintaining their credentials as a licensed mental health professional and

(a) participating in one actual or simulated critical incident stress event (CAP or non-CAP) within the last 3 years or

(b) attending a CAP sponsored refresher course within the last 3 years.

Note: CAP sponsored refresher courses will be coordinated by or with the region CIS, CAP/CIS, or NHQ CAP/DO.

(2) CIST members will maintain currency by

(a) participating as a team member in an actual or simulated critical incident stress event (CAP or non-CAP) within the last 3 years or

(b) attending a CAP sponsored refresher course within the last 3 years or

Note: CAP sponsored refresher courses will be coordinated by or with the region CIS, CAP/CIS or NHQ CAP/DO.

(c) re-taking ICISF's CISM: Group Crisis Intervention course within a 3-year period of initial qualification.

(3) The region or wing CIS will update the national electronic database when personnel assigned to CISTs complete currency requirements, and provide copies of documentation certifying the above to NHQ CAP/DO within 30 days of updating the database. The region or wing CIS may delegate this responsibility to a member of the region CIST or wing CIST as appropriate. Once documentation is verified at NHQ, personnel will be approved for assignment to the CIST.

6. CIST Activation:

a. Mobilization. When an Incident Commander (IC) becomes aware of a potentially traumatic event, the IC should notify the wing or region CIS and the wing or region commander as appropriate as soon as possible. The wing or region commander is responsible for ensuring an effective notification and activation process.

b. Support Requests. During each mission operational period (at least once every 24 hours), a quick review of the need for critical incident stress intervention should be made for all personnel participating in the mission. If the mission is closed or suspended and a member(s) experience the need for a critical incident stress intervention, or observe the need in other member(s), they should express that need directly to the incident commander, unit or wing commander, or wing CIS. Incident commanders or unit commanders will pass requests for intervention to the wing commander, as proper critical incident stress support will often require support long after a mission is closed or suspended. The wing commander will establish a point of contact for the region or wing CIS to coordinate activities of the team. Tact and diplomacy are obviously guiding principles. The emphasis is on helping members while at the same time guarding against frivolous use of the system. CISM and supporting CISTs will normally be used in connection with operational missions though other circumstances may also qualify. It should also be noted that personnel not at the front-line of a mission might require intervention just as much as the ground team dealing with a crash site, devastation following a disaster, or other traumatic event.

c. Deployment. Upon receiving a request for assistance, the wing commander will request the nearest CAP or local CISM team to fulfill the need. If local CISM resources are not available, then the wing commander will contact NHQ CAP/DO to arrange for a team. If unable to reach NHQ CAP/DO, contact the National Operations Center Duty Officer at 1-888-211-1812 for additional assistance. **CAP CISTs will deploy with at least a MHP and one Peer team member for debriefings, and with appropriate personnel per ICISF guidelines for other interventions.**

(1) Debriefings are one of the core components of the ICISF model requiring a MHP.

(2) Not all intervention models under ICISF require a MHP. It is always advisable to have a MHP present or reasonably available though. As situations unfold, the need for MHP may become more apparent.

d. Costs. When requesting a CIST, it is standard practice for the requesting CAP unit to provide adequate shelter and feeding for team personnel, and thus these expenses will not normally be reimbursed. This can be accomplished with the use of host families.

(1) For Air Force-Assigned Missions (AFAM), normal CAPR 173-3 mission costs may be reimbursed to CAP CIST members if HQ CAP-USAF/XO and NHQ CAP/DO are included in the CIST need validation process and coordinate the assignment of an Air Force mission number. Funds to support Air Force-assigned CISM missions will come out of actual mission funds, and will not affect training allotments made to wings and regions on an annual basis. Training for CISTs can be paid for from annual training budgets, and CISTs are encouraged to be actively participating at all funded training events.

(2) Other contingencies outside of normal Air Force support and above and beyond the corporate funds for CIST training and operations will be addressed on a case-by-case basis with the concurrence of HQ CAP-USAF/XO and NHQ CAP/DO.

7. Reporting Requirements. Each wing's use of CISM and CISTs will be reported to NHQ CAP/DO, funded or not, in order to track the total number of events in the program.

a. Only the fact that an event is taking place with a general description need be reported.

b. Names of individuals being assisted will not be conveyed, though the number of personnel supported should be, and support provided to agencies other than CAP should be specifically highlighted.

c. After Action Reports (AAR) from CISTs are highly encouraged so that improvements can be made in the system for future deployments.

d. Requests for reimbursement of expenses must be coordinated in advance with NHQ CAP/DO. If an emergency, contact the National Operations Center duty officer for approval at 888-211-1812.

e. Situation reports should be provided as soon as is feasible after the event begins and periodically as coordinated with NHQ CAP/DO thereafter. Final reports and AARs should be forwarded to NHQ CAP/DO within 30 days of conclusion of the incident, with addendums for follow up interventions as appropriate.

8. Requirements for Award of the National CISM Patch. Personnel that are active members of a CAP CIST as outlined in paragraph 4, and current and qualified in accordance with paragraph 5 of this regulation are authorized to wear the CAP CISM Patch.