



COMDTINST 1754.3A  
18 JULY 2011

COMMANDANT INSTRUCTION 1754.3A

Subj: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

- Ref: (a) Department of Homeland Security (DHS) [Management Directive \(MD\) Number 254-03](#), Traumatic Incident Management Program  
 (b) U. S. Coast Guard Competency Management System Manual, [M5300.2](#) (series)  
 (c) U.S. Coast Guard Incident Management Handbook, [COMDTPUB P3120.17](#) (series)  
 (d) *Group Crisis Support: Why It Works; When & How to Provide It* by Jeffrey T. Mitchell, PhD (Chevron Publishing: Ellicott City, MD), 2007

1. PURPOSE. To update guidance, per reference (a), for providing services intended to minimize the potential for psychological injury to employees, Coast Guard members, and their family members who have been involved in or affected by a critical incident. CISM includes pre-incident training, critical incident interventions, and post-incident follow-up.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements shall comply with the provisions of this Instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED. Critical Incident Stress Management, COMDTINST 1754.3 dated 3 Feb 1999 is cancelled.
4. APPLICATION. This Instruction applies to Coast Guard active duty and reserve members, civilian appropriated and non-appropriated fund employees, and dependent family members. The Coast Guard will also provide CISM services to other Uniformed Services members and dependents while the member serves with the Coast Guard or is located at a Coast Guard facility.
5. DEFINITIONS. See enclosure (1) for definitions associated with the CISM Program.
6. DISCUSSION.
  - a. The goals of the CISM Program are to:
    - (1) Assist Coast Guard commands in maintaining readiness status after a critical incident.

DISTRIBUTION SDL No. 159

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
A	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
B	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
C	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
D	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
E	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
F																	I	I	I							
G		I	I	I	I																					
H	I	I	I	I	I	I	I																			

NON-STANDARD DISTRIBUTION:

- (2) Prepare personnel for the psychological impact of critical incidents.
  - (3) Promote effective responses to stress injuries.
  - (4) Ensure all those impacted are informed how to obtain additional services.
- b. Commanding Officers and Officers-in-Charge are responsible under Coast Guard regulations for the well being of assigned personnel and the operational readiness of the command. Because CISM promotes their members' mental health and well being, commanding officers and officers-in-charge need to be familiar with CISM, related training requirements, and the procedures to request support.
  - c. Search and rescue, law enforcement, and other humanitarian and emergency operations may require our members to perform their duties in harsh environments and in the face of great human tragedy and suffering. Coast Guard members and others may experience stress, frustration, and grief for those involved in a traumatic incident. An insensitive response to the impact of incidents can contribute to burnout, increased stress, substance abuse, and/or other personal problems, including poor job performance.
  - d. Persons who suffer the most from traumatic stress are frequently the least aware of its symptoms. This program raises awareness of the impact of incidents and encourages self-care and a "survivor" attitude. It also provides pre-incident and just-in-time education so all personnel are better prepared to take positive action in response to stress resulting from exposure to traumatic events.
  - e. Personnel in leadership positions should ensure that senior personnel, including themselves, have access to these services. Due to the responsibilities of leadership, it is not uncommon for senior members to become so involved with an incident, or with ensuring that their personnel are cared for, that they overlook their own personal reactions. CISM Team members and the Employee Assistance Program (EAP) and Chaplains are available to provide confidential assistance.
  - f. Not all critical incidents require a CISM response. In many incidents good leadership and caring friends, co-workers and loved ones will suffice. The extent of the impact of the incident upon personnel determines when assistance is needed. A CISM intervention is usually indicated if symptoms, such as those listed in enclosure (2), are apparent after an incident. A CISM intervention is usually highly recommended if the incident involved any of the following circumstances:
    - (1) Affected personnel were in fear for their lives,
    - (2) Serious line of duty injury,
    - (3) A disaster or multi-casualty event,
    - (4) Death of an active duty member or civilian employee; or
    - (5) Incidents involving the recovery of human remains.
  - g. The CISM team can assist commands in handling critical incidents but the affected group itself remains a potent source of support for its members by providing mutual support and validation. The CISM Team has only the privilege of temporarily guiding the group during a period of acute distress. Additional support can be provided in follow-up, and/or in place of, a CISM Team by Chaplains and the cognizant Health, Safety, and Work-Life (HSWL) Regional Practice (RP) staff.

7. PROCEDURE. Sector Commanders, Commanding Officers (COs), Officers-in-Charge (OINCs), and supervisors can request CISM services by consulting with the cognizant Employee Assistance Program Coordinator (EAPC) or HSWL Regional Practice Manager (RM). EAPCs are trained CISM consultants available to advise commands regarding the most appropriate response to each incident and to provide/coordinate the most appropriate response. CISM Team composition is tailored to each incident and can include the EAPC, a Chaplain, Peer Support Persons, and a licensed CISM-trained mental health provider, if needed.
8. KEY DUTIES AND RESPONSIBILITIES.
  - a. Commandant (CG-00A) shall:
    - (1) Ensure that all Coast Guard Chaplains are trained in the requirements of this Instruction.
    - (2) Ensure that, whenever possible, Chaplains receive appropriate International Critical Incident Stress Foundation (ICISF)–certified CISM training prior to participation on CISM Teams.
    - (3) Ensure that Chaplains participate on CISM Teams, when available.
  - b. Commandant (CG-111) shall:
    - (1) Be responsible for oversight of policy and procedures as described herein.
    - (2) Collaborate with HSWL Service Center (SC) staff and HSWL RMs to ensure compliance with this Instruction.
    - (3) Ensure funding and manpower resources are available to meet the requirements of this Instruction.
    - (4) In collaboration with HSWL SC staff, monitor the extent of critical incidents in the Coast Guard and the type and effectiveness of interventions used.
  - c. Commandant (CG-1112) shall:
    - (1) Recommend CISM policy and procedural changes as needed.
    - (2) Provide technical CISM guidance to HSWL SC staff and RMs as required.
    - (3) Coordinate funding requirements with HSWL SC staff to meet CISM program training requirements.
    - (4) Coordinate requests for EAP-contracted CISM services with HSWL SC staff.
    - (5) Create and maintain a database of all CISM interventions reported.
    - (6) Prepare annual CISM activity report to support funding requirements.
    - (7) Assist HSWL SC staff in HSWL RP program reviews.
  - d. Sector Commanders, Commanding Officers (COs) and Officers-in-Charge (OINCs) shall:
    - (1) Report critical incidents to the cognizant HSWL RP when it appears that an incident has or will likely have a significant impact on personnel.
    - (2) Request pre-incident CISM training as appropriate to the operational tempo of the unit. Pre-incident unit training is normally provided by EAPCs.
    - (3) Recommend unit members to cognizant EAPC for collateral duty as a Peer Support Persons.
    - (4) Be familiar with, and ensure unit leadership is familiar with, the typical signs of stress among

personnel as listed in enclosure (2).

- (5) Take actions contained in enclosure (3) to foster recovery when appropriate.
- (6) Give feedback, as warranted, to the HSWL RM on the performance of the CISM Team members.

e. HSWL SC shall:

- (1) Provide support and consultation to HSWL RMs and HSWL RP staff in meeting requirements contained in this Instruction.
- (2) Perform biennial and “as needed” program reviews at each HSWL RP to ensure compliance with this Instruction.
- (3) Monitor CISM activities as reported by HSWL RPs per requirements.
- (4) Monitor and coordinate CISM assistance from the EAP Contractor as needed. Coordinate all requests with the Contracting Officer’s Technical Representative (COTR), Commandant (CG-1112).
- (5) Enter the “CISME” competency code into Direct Access for each newly CISM-qualified EAPC within 30 days and recertify each EAPC biennially per reference (b). Criteria for recertification: EAPC remains current in meeting training requirements per this Instruction.
- (6) Enter the “CISMT” competency code into Direct Access for each newly qualified CISM Trainer within 30 days and recertify each Trainer annually per reference (b). Criteria for recertification: trainer remains available to do CISM Peer trainings and retains International Critical Incident Stress Foundation (ICISF) certification as an approved instructor.
- (7) Identify funding requirements and propose annual budget to meet CISM training and response requirements.
- (8) Establish CISM Standard Operating Procedures (SOP) for HSWL RPs. The SOP shall include processes for:
  - (a) CISM operations in major disasters,
  - (b) CISM competency certification and recertification,
  - (c) Peer Support Person recruitment,
  - (d) CISM customer feedback, and,
  - (e) Procedures for obtaining CISM training.
  - (f) Develop a CISM protocol for small scale use that includes a listing of all CISM-related resources, including both Coast Guard and community resources, as well as procedures for activating a Team.

f. HSWL RMs shall:

- (1) Complete the following ICISF certified trainings: Individual Crisis Intervention and Peer Support (13 hours) and Group Crisis Intervention (14 hours), and Recommend completing Advanced Group Crisis Intervention (14 hours). This shall be completed within 12 months of designation as Regional Manager.
- (2) Ensure CISM services are provided in the absence of the EAPC, using either other RP staff members or coordinating through fellow RMs/HSWL SC.

- (3) Assist the EAPC as needed in providing CISM services. Depending on the extent of the disaster and the need for CISM services, the Supervisor may become the primary point of contact in coordinating the on-going CISM response.
  - (4) Ensure that all EAPCs in the HSWL RP area of responsibility (AOR) complete required CISM and Incident Command System trainings per paragraph per paragraph 8.g. (2) of this Instruction.
  - (5) Ensure that other HSWL RP staff members are crossed-trained to coordinate CISM services. Whenever possible ensure these staff members complete the following ICISF certified trainings: Individual Crisis Intervention and Peer Support (13 hours) and Group Crisis Intervention (14 hours).
- g. The Employee Assistance Program Coordinator (EAPC) Responsibilities.
- (1) Interventions.
    - (a) Act as the CISM Response Coordinator for all critical incidents occurring within the HSWL RP's AOR. In major disasters, the HSWL RM may assume this responsibility at the direction of HSWL SC.
    - (b) Consult with unit leaders regarding reported critical incidents and determine appropriate CISM interventions.
    - (c) Coordinate interventions with incident investigators to protect the evidentiary value of potential witnesses. For incidents with ongoing investigations, advise recipients of services not to share specific details about specific actions, taken or not taken prior to, during, and after the incident until after investigatory interviews are completed.
    - (d) Coordinate with the HSWL RM and the HSWL SC when activities require the assistance of contracted EAP mental health providers.
    - (e) Assign Peers for interventions. Ensure that CISM personnel personally affected by an incident do not participate as CISM Team members for that incident.
    - (f) Partner with Coast Guard Chaplains whenever possible to optimize responses to critical incidents.
    - (g) Maintain CISM confidentiality. Limit content of any written after-action report to those lessons learned about the intervention process. Do not keep notes regarding specific interventions except to facilitate collection of workload data, or record names of recipients of services to facilitate follow-up contacts.
    - (h) After an initial intervention, coordinate follow-up contacts and services for those impacted by the incident, appropriate to the severity of the incident and its impact on personnel.
    - (i) Coordinate and monitor non-Coast Guard CISM teams when used to respond to Coast Guard units experiencing critical incidents.
    - (j) Deploy to major disasters as a CISM Technical Specialist when required per reference (c) by a Coast Guard Incident Command, under the National Incident Management System, or when required by HSWL SC.
    - (k) Report all CISM interventions within 24 hours of the intervention to HSWL SC and

Commandant (CG-1112) using CISM Intervention Report, Form [CG-1750](#), enclosure (7). In on-going CISM interventions, such as in major disasters, update the initial report every 24 hours or as soon as possible based on incident response demands. Note: In major disasters, a copy of this form can be attached as an addendum to the Unit Log, Form [ICS 214-CG](#), to avoid duplication of required information.

- (l) When operating within the Incident Command System, collaborate with the Chaplain Emergency Response Technical Specialist assigned to the Incident Command to ensure coordination of CISM Team Chaplain assignments.
  - (m) Ensure recipients of CISM services have an anonymous method of providing customer satisfaction feedback using standards established by CG-111 and HSWL SC.
  - (n) Develop a CISM protocol that includes a listing of all CISM-related resources in the AOR, including both Coast Guard and community resources, contact information for all Team members and resources, and procedures for activating a Team. Ensure protocol does not conflict with the HSWL SC SOP for CISM.
- (2) CISM Training for EAPCs.
- (a) Attend the following ICISF-certified trainings:
    1. Initial Training. Individual Crisis Intervention and Peer Support (13 hours) and Group Crisis Intervention (14 hours), and Advanced Group Crisis Intervention (14 hours). Complete within the first 12 months of employment.
    2. Supplementary Training. Suicide Prevention, Intervention and Postvention (14 hours), either Advanced Group Crisis Intervention (14 hours), or Strategic Response to Crisis (14 hours), and Changing Perspectives of Disaster - An Interactive Journey (14 hours). Complete within 24 months of initial training.
    3. Annual Currency Requirement. After meeting above requirements, complete at least 24 hours of ICISF-certified training biennially and/or meet other currency requirements as may be established by HSWL SC.
  - (b) Incident Command System (ICS) Trainings.
    1. Complete ICS 100, 200, and 300 within the first 12 months of employment. ICS-100 and ICS-200 can be accomplished online via the CG Learning Portal: <http://learning.uscg.mil/> Additional information regarding these trainings can be found at the Coast Guard's Homeport website <http://homeport.uscg.mil/mycg/portal/ep/home.do> (Click on Library/Incident Command System/Training and Certification).
    2. Refresher training. Complete ICS-305. This course can be accomplished online via the CG Learning Portal: <http://learning.uscg.mil/>.
  - (c) Be thoroughly familiar with references (c) and (d) and any associated Job Aid available for coordinating CISM interventions within the ICS structure. Job Aids can be found at the Coast Guard's Homeport website <http://homeport.uscg.mil/mycg/portal/ep/home.do>. (Click on Library/Incident Command System/Job Aids.)
- (3) Pre-Incident CISM Training for Units.
- (a) Provide trainings on CISM pre-incident preparation training as requested by commands. This training shall minimally cover the following:

1. Typical types of critical incidents experienced in the Coast Guard.
  2. Stress and its effect on the human body if left unmanaged.
  3. When and how to request a referral.
  4. Possible stress-related physical, emotional, and behavioral symptoms.
  5. Four sources of stress injuries (trauma, loss, inner conflict, and wear and tear).
  6. Habits or personal skills that appear to help individuals become more resilient in facing critical incidents.
  7. Purpose of the CISM Program and how to request services.
  8. Interventions available through the CISM Program.
  9. Role of peer support persons and how to volunteer to become a peer.
- (b) Provide references for statistics and CISM-related quotes used in the presentation. Also provide recommendations for related websites and reading material.
- (4) Peers.
- (a) Recruit and screen Peers. Peer applicants must:
    1. Not have suffered a major loss or experienced a significantly traumatizing incident within the preceding twelve months.
    2. Be emotionally mature: possess good communication and interpersonal skills, including the ability to empathize with the pain of others; can easily relate to others in a genuine way regardless of grade level, rank, rate, or gender; and are not discouraged by anger that is misdirected by persons who are receiving help.
    3. Have at least two years remaining at the unit upon completion of training.
    4. Be recommended for CISM duties by his/her command.
  - (b) Ensure Peer signs enclosure (4), CISM Peer Support Person Statement of Understanding, and ensure that his/her supervisor signs enclosure (5), Supervisor of CISM Peer Support Person Statement of Understanding, prior to receiving training.
  - (c) Ensure Peers receive the following ICISF-certified trainings: Group Crisis Intervention (14 hours), Individual Crisis Intervention and Peer Support (13 hours). Additional ICISF-certified trainings recommended: Suicide Prevention, Intervention and Postvention (14 hours), either Advanced Group Crisis Intervention (14 hours), or Strategic Response to Crisis (14 hours), and Changing Perspectives of Disaster - An Interactive Journey (14 hours). The full listing of training options is available at <http://www.icisf.org/>.
  - (d) Enter the "CISMP" competency code into Direct Access for each newly qualified Peer. Recertify each Peer by the first of April each year per reference (b). Criteria for recertification:
    1. Peer has been available for Team deployments and has performed assignments satisfactory (i.e., no valid or unresolved customer complaints, retains support of supervisor, and has been a cooperative team player).
    2. Current supervisor has signed enclosure (5).

3. Peer's current command has recommended Peer in writing.
  - (e) Maintain a roster of all qualified CISM Peers within the HSWL RP AOR using the format specified in enclosure (6) and contact all Peers quarterly to verify contact and availability information. Provide Peer-related training and/or use skill-building techniques such as teaming with an experienced Peer, to develop skills and maintain proficiency. It is strongly recommended that EAPCs use various opportunities to provide refresher trainings to maintain contact and interest with Peer Support Persons in their AOR. This can be done by offering Brown Bag lunch topics as the EAPC travels throughout the AOR or electronically to give more information about a specific CISM topic or area of interest.
  - (f) If a Peer is no longer eligible to be recertified, remove the CISM competency code assigned to them in Direct Access.
  - (g) Conduct annual unannounced testing of the CISM Peer notification process.
9. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. Environmental considerations were examined in the development of this directive and have been determined to be not applicable.
10. FORMS/REPORTS: The forms referenced in this Instruction are available in USCG Electronic Forms on the Standard Workstation or on the Internet: <http://www.uscg.mil/forms/>; CGPortal at <https://cgportal.uscg.mil/delivery/Satellite/uscg/References>; and Intranet at <http://cgweb.comdt.uscg.mil/CGForms>.

MARK J. TEDESCO /s/  
Rear Admiral, U.S. Public Health Service  
United States Coast Guard  
Director of Health, Safety and Work-Life

- Encl: (1) Definitions  
(2) Signals of Distress after a Critical Incident  
(3) Fostering Recovery and Resilience after a Critical Incident  
(4) CISM Peer Support Person Statement of Understanding  
(5) Supervisor of CISM Peer Support Person Statement of Understanding  
(6) CISM Roster - Peers, Mental Health Professionals, and Chaplains  
(7) CISM Intervention Report, Form CG-1750

## Definitions

1. Critical Incident Stress Management (CISM) Technical Specialist. The CISM expert assigned to an Incident Command by the Incident Commander per reference (c). Normally this person is an Employee Assistance Program Coordinator (EAPC) with advanced CISM training.
2. Crisis Management Briefing (CMB). A semi-structured gathering of people who are impacted by the same disturbing event and who are in urgent need of accurate information about the incident and follow-up activities, and information regarding typical reactions to exposure to both the incident and its aftermath. CMBs are used with groups ranging from 10 to 300 individuals at one time in the wake of terrorism, violence, disasters, and other crises. A CMB may address larger audiences via television, radio, and internet services. A CMB typically requires between 30 to 75 minutes and can be held as many times as necessary.
3. Critical Incident. Any event with sufficient impact to produce significant emotional reactions now or later. Critical incidents are generally considered extremely unusual in the range of ordinary human experiences. Examples of critical incidents include the following:
  - a. Crew member death in line of duty;
  - b. Child's death or serious injury;
  - c. Body recovery or other stressful search and rescue operation;
  - d. A suicide;
  - e. Natural disasters;
  - f. Use of deadly force;
  - g. Grotesque injuries;
  - h. Acts of terrorism and other man-made disasters; and
  - i. Observing any critical event.
4. Critical Incident Stress Debriefing (CISD). A structured, seven-phase, small meeting for a homogeneous group to discuss the group members' reactions to a mutually experienced critical incident.\* The discussion aims at reducing stress reactions and enhancing group cohesiveness and group performance. To maximize effectiveness, a CISD should normally occur 24-72 hours after an incident. A CISD typically requires one to three hours. A CISD is not therapy, even though a mental health professional is part of the team.
5. Critical Incident Stress Defusing. A defusing is a small group intervention that is provided to a homogeneous group within hours of the group's exposure to a critical incident. Usually a defusing lasts no more than 30 minutes. The goals of a defusing are:
  - a. Rapid reduction in the intense reactions to a traumatic event;
  - b. "Normalize" the experience so people can return to their normal daily routines more quickly;
  - c. Re-establish the group's social network so people do not isolate themselves from each other. In recognizing similarities to others, people often are more willing to help each other in troubled times;

---

\* For a full description of the CISD process see pages 148-160 of reference (d) of this Instruction. Copies of this reference are available at Commandant (CG-1112).

- d. Provide information on acute stress and a few reminders about how to reduce it;
  - e. Assess group's response to determine if a Critical Incident Stress Debriefing should be scheduled; and,
  - f. Identification of individuals within the group who might benefit from additional support or a referral to other resources.
6. Critical Incident Stress Management (CISM). A system of interventions designed to mitigate the adverse psychological reactions that may accompany critical incidents. The CISM process is not therapy; its focus is to minimize the harmful affects through psychological first aid, education and follow-up. The CISM process uses trained peers, Chaplains, and mental health professionals, and is managed by CISM Team Coordinators who are usually the EAPCs located at HSWL RPs.
  7. Critical Incident Stress Management Team (CISM Team). The Employee Assistance Program Coordinator (EAPC) coordinates, manages, and deploys the CISM Team. The CISM Team will typically include:
    - a. The EAPC,
    - b. An EAP-contracted licensed mental health professional,
    - c. A Chaplain or other clergy, and
    - d. Peer Support Persons.
  8. Demobilization. A demobilization is a brief, large group, informational, crisis-focused presentation for operations and other personnel immediately after their first work shift in a disaster or other major event. It usually consists of a presentation of information for no more than ten minutes and then a 20-minute period of refreshments and rest. The purpose is to provide:
    - a. An opportunity to "decompress" before returning to normal duties or release to go home;
    - b. Practical suggestions for stress management; and,
    - c. Additional help for those experiencing high levels of stress.
  9. Follow-up Services. Follow-up services can range from phone calls made by CISM Team members to more sophisticated interventions such as a CISD. If CISM provides initial services post-incident follow-up is considered essential. The EAPC is responsible for ensuring follow-up services are provided or accessible.
  10. On-Scene Support Services. Services provided under "on-scene" conditions are brief, practical crisis intervention functions designed to limit the level of distress members may experience. On-scene support does not interfere with operations. This service in the Coast Guard is usually provided by peers, with Chaplains or mental health professionals called only as needed.
  11. Postvention. A postvention is an intervention conducted after a suicide or serious suicide attempt, largely taking the form of support for the bereaved (family, friends, workmates, and command cadre). Postvention interventions recognize that those bereaved by suicide may be vulnerable to suicide-related behaviors themselves and may develop complicated grief reactions.
  12. Peers. Active duty and civilian employee volunteers who have met the requirements for call-outs to assist as a CISM Team member. Requirements include: 1) command endorsement, 2) screening by the EAPC, 3) completion of enclosures (3) and (4) of this Instruction, and 4) completion of required training per paragraph 8.g.(4) (c) of this Instruction. In some locations, ICISF CISM trained peers in the local community may be members of the CISM Team.

13. One-On-One. A one-on-one is an informal encounter with a CISM Team member as a “check in” after a critical incident. It is intended to give individuals a brief confidential opportunity to voluntarily talk about his/his experience, and to receive reminders as needed regarding healthy responses to stress injuries. This meeting may take place during the individual’s tour of duty, or at any other time and place. Most often it is initiated by a CISM Team member or by any participant after a CISM intervention.
14. Psychological First Aid. The basic human responses of comfort and consolation for a distressed person; protecting a person from further threat or distress, to the extent possible; furnishing immediate care for physical necessities, including shelter; providing goal orientation and support for specific reality based tasks (“reinforcing the concrete world”); facilitating reunion with loved ones from whom the individual has been separated; facilitating some telling of the “trauma story” and ventilation of feelings as appropriate for the particular individual; linking the person to systems of support and sources of help that will be ongoing; facilitating the beginning of some sense of mastery; and identifying the need for further counseling or intervention.
15. Stress: Stress is the process by which people respond to challenges or threats. The challenges may be internal or external and the response can be physical, emotional, cognitive, behavioral, and spiritual.
16. Stress Injury. The expected result of excessive stress. There are four classes of stressors that place individuals at risk for stress injuries: life threat, loss, inner conflict, and wear-and-tear. The first three of these causes of stress injury - life threat, loss, and inner conflict - are usually discrete events that can be experienced either singly or in combination. The last cause of stress injury, wear-and-tear, is the accumulation of stressors from all life challenges, both large and small, over a long period of time. These four sources of stress injury often operate simultaneously and additively. Units and families, like individuals, can also be damaged by experiences of life threat, loss, inner conflict, or wear-and-tear.
17. Stressor: Any mental or physical challenge or set of challenges.

### Signals of Distress after a Critical Incident

1. **Emotional Responses** during a traumatic event may include shock, in which the individual may present a highly anxious, active response or perhaps a seemingly stunned, emotionally-numb response. Affected persons may describe themselves as feeling like they were “in a fog.” They may exhibit denial, in which there is an inability to acknowledge the impact of the situation or perhaps, that the situation has even occurred. They may show evidence of dissociation, in which they may seem dazed and apathetic, and may express feelings of unreality. Other frequently observed acute emotional responses may include panic, fear, intense feelings of aloneness, hopelessness, helplessness, emptiness, uncertainty, horror, anger, hostility, irritability, sadness, grief, and guilt.
2. **Cognitive Responses** to traumatic exposure are often reflected in impaired concentration, confusion, disorientation, difficulty in making a decision, a short attention span, suggestibility, vulnerability, forgetfulness, self-blame, blaming others, lowered self-efficacy, thoughts of losing control, hypervigilance, and constant repetitious thoughts of the traumatic event. For example, a survivor of an automobile accident, may cognitively still “be in” the automobile replaying/reliving the accident over and over in his mind.
3. **Behavioral Responses** in the face of a traumatic event may include withdrawal, “spacing-out,” non-communication, changes in speech patterns, regressive behaviors, erratic movements, impulsivity, a reluctance to abandon property, seemingly aimless walking, pacing, an inability to sit still, an exaggerated startle response and antisocial behaviors.
4. **Physiological Responses** may include rapid heart beat, elevated blood pressure\*, difficulty breathing\*, shock symptoms\*, chest pains\*, cardiac palpitations\*, muscle tension and pains, fatigue, fainting\*, flushed face, pale appearance, chills, cold clammy skin, increased sweating, thirst, dizziness, vertigo, hyperventilation, headaches, grinding of teeth, twitches and gastrointestinal upset.
5. **Spiritual Distress Responses** may include anger at God or other deity, withdrawal from faith-based community; a “crisis of faith.”
6. The above symptoms and signals of distress are expected stress reactions associated with critical incidents; they are *not signs of weakness*. Any symptoms that become intense or prolonged should be evaluated by a physician or mental health professional. Normally, in the immediate aftermath of an incident, the greatest need is for information, individual support, and an immediate reduction in the level of distress.
7. The real emotional impact to a critical incident usually begins a day or two after the event. In most cases it may continue for several days; but for some people it may last weeks or longer, or does not show up for months. Several factors that determine the duration of the emotional impact are: the situation itself, the coping skills available to the distressed person, and the availability of support services. The emotional impact stage is a crucial stage for the provision of CISM services. What is done to support people in this stage will have far-reaching effects on their recovery over the course of time.‡
8. If symptoms persist beyond a month, the individual affected may be suffering from an anxiety disorder known as acute Post Traumatic Stress Disorder (PTSD). Persons with this condition may need encouragement to seek help. Much has been learned in recent years about PTSD and how best to treat it. For that latest information on this condition and its treatment visit the Veteran’s Administration’s PTSD website at <http://www.ncptsd.va.gov/ncmain/information/>.

---

\* Requires immediate medical evaluation.

‡ See reference (d), page 27.

### **Fostering Recovery and Resilience after a Critical Incident**

1. Critical incidents are unusually challenging events outside normal experience that pose actual or perceived threats of injury or exposure to death that can overwhelm both an individual's and organization's coping resources. First responders are particularly vulnerable to this source of intense distress. Providing support and preventing further harm is essential for survivors of critical events. Here are actions for leaders to consider, appropriate for all incidents:
  - a. During the period immediately following the incident take time to demonstrate concern for the well-being of personnel, starting with persons who appear to be the most impacted.
  - b. Ensure that basic needs are met (i.e., shelter, food, safety, and security) and minimize exposure to environmental stressors (e.g., heat, cold, noise, disturbing visual scenes, media queries). Continuously evaluate the environment for additional threats to ensure that needs continue to be met.
  - c. Let people talk about their experience ("psychological first aid") to the extent they are willing. Listening and accepting what survivors have to say may be the best support in many situations. Recognize that not all survivors will be ready to talk. A comforting hand on the shoulder may provide the appropriate amount of support when there are no words.
  - d. Be attentive to the needs of family members and facilitate survivors' contact with them as early after the incident as possible.
  - e. Provide factual information and take action to prevent the spread of rumors.
  - f. Promote unit cohesion. When possible hold briefings designed to bring all personnel together.
  - g. Encourage the use of other social support such as friends, family, and religious organizations, volunteer activities, group sports and recreational activities, etc.
  - h. Practice good self-care as you go through the aftermath of an incident. Remember that your efforts to show compassion will be much more effective if they are grounded in self-compassion. Consider these elements of a good self-management plan:
    - (1) Lead by example. By doing so you will lower your level of stress and that of those around you.
    - (2) Establish a work-rest schedule for yourself and follow it. Get off your feet during breaks. Provide a rest area for yourself with fluids and food and protection from news media and onlookers. Provide a minimum of four hours of sleep during each 24 hour period. If possible, return home for food and sleep.
    - (3) Drink and eat on a regular schedule - take every opportunity to assure that you are hydrated. Drink BEFORE you are thirsty. Drinking plenty of water is important. The absence of adequate hydration is the number one trigger of fatigue. Avoid all beverages containing alcohol until the crisis is over. Caffeine is the only safe stimulant but do not forget that it can jangle nerves and dehydrate you. Caffeine will increase anxiety and negatively impact the ability to sleep. Avoid smoking.
    - (4) When you notice that others are stressed assume that you are stressed. Take action accordingly. Spend a few moments to get yourself collected. A few slow deep breaths will usually help.
    - (5) Identify a trusted co-worker who can evaluate your level of effectiveness and consult with that person on a daily basis. Provide a similar service to a co-worker who trusts you.

- (6) Communicate clearly and optimistically. Be aware that stress increases the potential for mistakes in yourself and others. If mistakes are made, identify and correct them. Also, remember, compliments can serve as powerful motivators and stress moderators.
2. **Incidents involving the handling of human remains.**\* Personnel who handle human remains following a critical incident are exposed to unique stressors that deserve special consideration.
- a. Symptoms and signs of stress that body handlers often report:
- (1) “Anticipatory stress” if body recovery is a regular assignment – feeling “keyed up” and “on edge.” Worry about being able to “measure up” is often part of this stress.
  - (2) Fear of the unknown – the proximity to death heightens an awareness of the fragility of life and the limitations of what humans can control.
  - (3) Fear of how they will react when facing death themselves.
  - (4) Anxiety and worry over the health and safety of loved ones.
  - (5) Acute grief after exposure to bodies of others with whom the handler had a personal relationship.
  - (6) A strong emotional reaction to deaths of children – a nearly universal reaction among all responders, regardless of age and experience.
  - (7) Intrusive images, particularly of grotesque scenes as well as images of intact faces.
  - (8) Eating and cooking difficulties or aversion to particular foods or the smell of foods.
  - (9) Sensory reminders produce disturbing emotions. For instance, an odor suddenly causes a deflation of energy level or an unexplained sadness. Or a beach scene becomes a source of anxiety rather than the refreshment it once was. Or the feel of water rushing over the body while diving into the water no longer is an enjoyable experience but rather a reminder of a disturbing experience.
  - (10) It is not uncommon for responders to be anxious, sad, and irritable, or to suffer from restless sleep or strange dreams and nightmares for days after handling human remains.
- b. Training and preparation can significantly reduce the chances that these reactions will persist over time. Responders who routinely handle bodies report the following to be helpful in their training:
- (1) Identification of specific tasks and roles with activities broken down into a series of realistic drills and routines.
  - (2) Explicit and accurate descriptions of the exact nature of the work with a frank discussion of profound sensory stimulation team members may experience. In other words, training that minimizes the possibility of surprises during recovery operations.
  - (3) Advice from experienced responders on how to “dis-identify” with the remains:
    - (a) Don’t look at the face. Try not to look more than necessary at the facial area and at the more grotesque injuries.

---

\* Based on Robert J. Ursano and James E. McCarroll, “Exposure to Traumatic Death: the Nature of the Stressor,” in Ursano, Robert J., ed., et.al., *Individual and Community Responses to Trauma and Disaster: The Structure of Human Chaos*, Cambridge University Press (February 23, 2006).

- (b) Don't get emotionally involved. Try not to dwell on thoughts about the person's family or loved ones.
  - (c) Don't think of what you see as a person. Think of the bodies more accurately - as "remains," not persons. What made them a person is gone.
  - (d) Remind yourself that this is very important and noble work.
  - (e) Spend no more time than necessary inventorying personal effects. Avoid looking at photos or reading written material left by victims.
- (4) Knowing in advance the typical symptoms other responders have experienced is helpful. For instance, if other responders reported experiencing intrusive recollections and sleep disturbances it made the experience easier to deal with since they had been told beforehand this might happen.
- c. Even with the best preparatory training and support a strong emotional response to death is not uncommon. Leaders can help by validating this experience with supportive statements such as, "Strong emotional reactions are normal and honorable; they confirm your humanity."
  - d. When feasible limit the recovery team's exposure to bodies. For instance, do not permit responders to ride in the back of an ambulance with a recovered body. Also, limit the exposure of others by using screens, poncho curtains, partitions, covers, body bags, and barriers whenever possible.
  - e. Since perfumes or aftershaves used to "mask" odors may trigger later memories, it may be better to encourage all responders to breathe through their mouths rather than to use these items to cover up unpleasant smells.
  - f. Avoidance strategies such as not looking at the face, not getting emotionally hooked, not thinking of the body as a person, and not spending a lot of time with personal effects, appear to be effective during body recovery operations. However, the long-term effect of avoiding discussion about any critical incident by refusing to discuss the experience is not known. Some people report after a time they can no longer avoid reminders of previous major incidents. For example, names of the victims or the sight of an object, or an anniversary date, bring the experience back. The triggering of memories may help the person to "process the experience." On the other hand, the recall of unwanted memories can be disturbing and interfere with the present. It is this interference with daily living and the depressed mood which sometimes accompanies the intrusive memories that motivate persons to seek professional help. A mental health provider with expertise in treating trauma victims can be a significant help to these individuals.
3. After-operations activities that can help:
- a. Remind personnel of self-care basics now that the operation is over: drink plenty of non-alcoholic fluids, eat well, and maintain good hygiene. Encourage individual stress management and physical fitness activities.
  - b. Encourage those who have symptoms that persist for several weeks after the incident to take advantage of professional help that is available. It may be helpful to point out that stress reactions are a result of the brain's physiological reaction to what the person was exposed to and not a reflection of weakness. It also may help to mention that new treatments make it possible to get all the help needed to be rid of symptoms within a few sessions. The earlier these sessions are provided, the better.

- c. Most responders consistently report that they'd rather not go to a mental health professional to get help, preferring instead to talk it out with other responders. This latter method should be encouraged and opportunities created to increase the likeliness of sharing. Plan team activities to help members relax, unwind and stay socially connected. Those individuals who are more experienced should ideally be paired with those less experienced. Fostering a "buddy system" helps protect against feelings of fear and sense of personal isolation.
- d. Many responders report increased alcohol use after incidents. While leaders may realistically have little control over this method of coping, leaders who strongly discourage any consumption in the near term may have a positive effect for some. It may be useful to mention that alcohol is a depressant and can intensify any negative reactions experienced following the incident. Also, it is worth mentioning that talking about the experience while inebriated has never been shown to be effective in resolving symptoms.
- e. Spouses of responders can typically benefit from education about their loved ones' experiences. Many first responders report that they wished their spouses had been informed of the nature of their work. Information can be provided to spouses in crisis management briefings to allay their concerns. Bringing spouses together for this purpose will also reinforce this naturally occurring support system.
- f. Praise people's work and reward their efforts. Formal recognition, awards, letters, and certificates may also be appropriate. Make eye contact and express gratitude to as many people as possible. This is extremely important since unspoken and undeserved guilt and second-guessing of one's performance, no matter how well the job was actually done, often occurs following critical incidents.
- g. Consult with the EAPC, Chaplain, and other helping persons as needed regarding any remaining follow-up concerns or observations, and ask for their help and suggestions as necessary.

### **CISM Peer Support Person Statement of Understanding**

The undersigned has applied for a position as a CISM Peer Support Person (Peer), and acknowledges the following:

I, (full name) \_\_\_\_\_, understand that this is a volunteer position.

I understand that this collateral duty may impact my military duty.

I understand that an Employee Assistance Program Coordinator (EAPC) will discuss my collateral duty as a volunteer Peer with my Supervisor, and before I have permission to serve as a Peer, my supervisor will have to sign an agreement of understanding after meeting with the EAPC to acknowledge the impact that this collateral duty could have on my normal duties.

I understand that, as a Peer, I will handle confidential information of a personal nature. I understand and agree that it is my responsibility to keep all oral, written or electronic communications that include personal identifying information, reported by a recipient of a CISM intervention, to myself, unless the recipient of a CISM intervention authorizes disclosure in writing.

I understand that such communications are considered “covered communications”, and failure to keep all covered communications confidential will result in removal as a Peer and may also result in disciplinary action under the Uniform Code of Military Justice (UCMJ), or other adverse personnel or administrative action.

I understand that normally any time I am performing duties in support of the CISM Program in my EAPC’s area of responsibility, I will report directly to that EAPC. In the event the Coast Guard Incident Command System is activated as a result of a critical incident, and I am assigned to work as a Peer in the Incident Command’s area of responsibility, I will report directly to the CISM Technical Specialist assigned to the Incident Command.

I understand I will be on call. I agree to keep my EAPC informed of my contact information. I also acknowledge that if I am consistently unable to be reached while on call I can be removed as a Peer.

In addition to my required CISM certification training, I understand I am expected to participate in trainings and meetings that the EAPC may organize for my team. Additionally, I agree to read articles pertaining to CISM Interventions that the EAPC may provide.

I understand that as a Peer I will be required to maintain the highest standard of integrity and be a role model for all other Coast Guard members, both on and off-duty. I understand that any substantiated incident of inappropriate conduct while deployed as a Peer, can result in the loss of my CISM Peer competency code. I also understand that I will be expected to “practice what I preach” by using healthy ways to reduce my stress level when needed.

**Peer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EAPC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor of CISM Peer Support Person Statement of Understanding**

I, \_\_\_\_\_, am the supervisor of the Peer Support Person (Peer) indicated below. I have been briefed by the Employee Assistance Program Coordination (EAPC) on the roles and responsibilities of Peers.

I understand if the Peer is out after duty hours on a CISM intervention, the Peer may not be able to report to work the following morning.

I understand that in the event of a major incident the Peer may be called to participate in intervention activities for up to two weeks.

I understand I will be informed of any absences necessary from the workplace as soon as possible. If the mission dictates the Peer must report to work at the normal starting time after working in excess of their normal hours, every effort will be made to afford them compensatory time as soon as possible after the event.

I understand the Peer will not report any details involving personal identifying information to me, nor will I ask them for any details.

I understand the responsibilities of the Peer and am willing to support them.

If I should encounter any problems or concerns, I will contact the EAPC.

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Peer's Printed Name

\_\_\_\_\_  
Supervisor's Signature    Date Signed

\_\_\_\_\_  
Peer's Signature                      Date Signed

\_\_\_\_\_  
EAPC's Signature    Date Signed

### CISM Roster - Peers, Mental Health Professionals, and Chaplains

Rank, Name	Duty Location	Contact Info	CISM Training (Specify type of training and date received)	Last Critical Incident Response (Specify incident, location, and year)	Category
Example: CAPT John Smith	HSWL SC 300 East Main St Suite 1000 Norfolk, VA 23510	Work: (123) 456-0200 Home: (123) 654-0300 Cell: (123) 654-0400 Email:John.Smith@uscg.mil Email:SmithJ@yahoo.com	Advanced CISM/20 Sep 01 Pastoral Crisis Intervention/3 Apr 02 Emotional & Spiritual Care in Disasters/14 Aug 02	Hurricane Katrina, Miami, 2005	Chaplain
Example: BM1 Joe Jones	BSU Portsmouth 4000 Coast Guard Blvd Portsmouth, VA 23703	Home: (123) 456-0700 Work: (123) 654-0900 Cell: (123) 654-0800 Email:Joe.Jones@uscg.mil Email:JJ@AOL.com	Advanced CISM/10 Oct 00 Pastoral Crisis Intervention/11 Nov 00 Grief Following Trauma/14 Jan 01	Bridge collapse, North Carolina, 2001	Peer
Example: Mrs. Jane Doe EAP Counselor	BSU Portsmouth 4000 Coast Guard Blvd Portsmouth, VA 23703	Work: (123) 456-4000 Home: (123) 654-5000 Cell: (123) 654-6000 Email:Jane.Doe@uscg.mil Email:DoeJ@yahoo.com	Advanced CISM, 10 Jul 02	Fatal motor vehicle accident, Portsmouth, 2008	Mental Health

<b>DEPARTMENT OF HOMELAND SECURITY</b> <b>U.S. Coast Guard</b> <b>CISM INTERVENTION REPORT</b>		
<b>Instructions:</b> Complete within 24 hours of the intervention provided and send to HSWL SC and Commandant (CG-1112) via email. In on-going CISM interventions, such as in response to disasters, update the initial report within 24 hours of subsequent interventions or as directed by HSWL SC.		
1. HSWL SC Office Reporting	2. Date of Incident (MM/DD/YYYY)	
3. Date of Report (MM/DD/YYYY)	4. Type of Report? <input type="checkbox"/> Initial <input type="checkbox"/> Update	
5. Unit impacted by incident (Enter 6-digit Dept ID): _____ If unknown enter name of unit: _____		
6. Type of Incident (check one only):		
<input type="checkbox"/> a. Major Disaster (Incident involved multiple casualties with major disruption in command or displacement of personnel. Includes natural disasters, terrorist attacks, major fires, etc.)		
<input type="checkbox"/> b. Operational Incident with death or serious injury of Coast Guard personnel. (If incident involved death or serious injury to both Coast Guard and non-Coast Guard personnel check this box only.)		
<input type="checkbox"/> c. Operational Incident with death or serious injury of non-Coast Guard personnel.		
<input type="checkbox"/> d. Non-Operational Incident involving death or serious injury of Coast Guard personnel. If incident involved death or serious injury to both Coast Guard and to Coast Guard family member(s) check this box only.		
<input type="checkbox"/> e. Non-Operational Incident involving death or serious injury of Coast Guard family member(s).		
<input type="checkbox"/> f. Other (brief description): _____		
<b>7. Interventions Provided</b>		
CISM TEAM MEMBER	POSITION	TYPE AND DESCRIPTION OF INTERVENTION(S) PROVIDED
Name, Rank/Pay Grade	EAPC, Chaplain, Peer, or MHP, if other - specify	Identify type of intervention: Consultation, One-on-one, Defusing, CISDs, CMBs, Demobilization, or other (specify) and provide a brief description
8. Total Number of Personnel Served (fill in number to date or since last report if this is an update):		
<input type="checkbox"/> a. Coast Guard Uniformed personnel:		
<input type="checkbox"/> b. Coast Guard Civilian personnel:		
<input type="checkbox"/> c. Coast Guard Uniformed personnel family members:		
<input type="checkbox"/> d. Coast Guard Civilian personnel family members:		
<input type="checkbox"/> e. Other (number and brief description):		
9. If not already identified in Item #7 above, provide names and rank/pay grade of CISM personnel used to date or used since last report:		
10. Comments		