

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)



COMDTINST 1754.3B

January 2025

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COMDTINST 1754.3B
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COMMANDANT INSTRUCTION 1754.3B

Subj: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

- Ref:
- (a) DHS Directive, Instruction No. 254-03, Traumatic Incident Management Program, May 31, 2007
 - (b) Work-Life Quality Assurance Process Standard Operating Procedures, HSWLSCTD 2019-007
 - (c) Workforce Competency Management System (CMS), COMDTINST 5300.2 (series)
 - (d) U.S. Coast Guard Incident Management Handbook, COMDTPUB P3120.17 (series)
 - (e) Privacy Act of 1974, 5 U.S.C. §552a
 - (f) DHS/USCG-002, Employee Assistance Program Records, Vol. 79 No. 74736, Fed. Reg., December 16, 2014
 - (g) Privacy Incident Response, Notification, and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5 (series)
 - (h) Expenses of training, 5 U.S.C. § 4109
 - (i) Payment of expenses to obtain professional credentials, 5 U.S.C. § 5757

1. PURPOSE. This Instruction provides updated guidance, per Reference (a), for providing services intended to minimize the potential for injury to the psychological health of Coast Guard members, civilian employees, and family members who have been involved in, or affected by, a critical incident. Critical Incident Stress Management (CISM) includes pre-incident training, critical incident interventions, and post-incident follow-up particular to the operational stress of Coast Guard service.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, chief of headquarter directorates must comply with the policies contained.
3. AUTHORIZED RELEASE. Internet release is authorized.
4. DIRECTIVES AFFECTED. Critical Incident Stress Management (CISM), COMDTINST 1754.3A is hereby cancelled.

5. DISCUSSION.

- a. The goals of the CISM Program are to:
 - (1) Assist Coast Guard commands in maintaining the readiness status of their units(s) after a critical incident.
 - (2) Prepare personnel for the psychological impact of critical incidents.
 - (3) Promote effective responses to stressful events.
 - (4) Ensure those impacted know how to obtain 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 member health and resilience, 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 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 institutionally insensitive response to an incident may 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 to better prepare personnel to take positive action in response to stress resulting from exposure to traumatic events.
- e. Personnel in leadership positions should ensure senior personnel, including themselves, have access to these services. Due to the responsibilities of leadership, senior members will often become so involved with an incident, or with ensuring personnel are cared for, that they overlook their own personal reactions. CISM Team members, the Employee Assistance Program (EAP) staff, and chaplains are available to provide confidential assistance.
- f. Not all critical incidents require a CISM response. CISM intervention is recommended for incidents involving any of the following circumstances:
 - (1) Affected personnel were in fear for their lives,
 - (2) A 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 may also serve as a source of support by providing support and validation. The CISM Team's role is only temporary, and it serves to guide the group during a period of acute distress. Additional support may also be provided during follow-up and/or in place of a CISM Team by:
- (1) The cognizant Health, Safety, and Work-Life (HSWL) Regional Practice (RP) EAP staff,
 - (2) Other Work-Life (WL) staff,
 - (3) Contracted CG SUPRT/EAP providers for the Coast Guard,
 - (4) Chaplains, and/or
 - (5) Peers (any CG member) trained in Operational Stress Control (OSC)--a comprehensive, standardized program to build resilience and mitigate stress reactions by fostering and supporting a culture of trust and connectedness.
6. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide administrative guidance for Coast Guard personnel and is not intended nor does it impose legally binding requirements on any party outside the Coast Guard.
7. MAJOR CHANGES. Updated and expanded definitions of terms used in this Instruction (see paragraph 15), added Privacy Provisions, established a standard CISM pre-incident training, and added EAP staff responsibility to ensure and maintain a collaborative relationship with Incident Command System (ICS) coordinators.
8. SCOPE AND AUTHORITIES. This Instruction applies to all 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. The requirements are based on evidence-based practices that aim to promote workforce readiness, prepare personnel for the psychological impacts of critical/traumatic incidents, foster effective responses to stressful events, and ensure those impacted by these incidents know how to obtain supportive services and remain resilient. It is recommended the reader become familiar with the directives and publications referenced above and throughout this Instruction.
9. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. The Office of Environmental Management, Commandant (CG-47) reviewed this Commandant Instruction and the general policies contained within and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. This Commandant Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental requirements, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).

10. DISTRIBUTION. Electronic distribution in the Directives System Library. Intranet/Pixel Dashboard: Directives Pubs, and Forms - PowerApps (appsplatform.us). If Internet released: Commandant Instructions (uscg.mil), Coast Guard Forms (uscg.mil) .
11. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with Records & Information Management Program Roles and Responsibilities, COMDTINST 5212.12 (series) and the records retention schedule located on the Records Resource Center Microsoft SharePoint site. (<https://uscg.sharepoint-mil.us/sites/cg61/SitePages/CG-611-RIM.aspx>) .
12. POLICY. Sector Commanders, Commanding Officers (COs), Officers-in-Charge (OICs), and supervisors can request CISM services by consulting with the cognizant EAP staff, WL Supervisor, and/or HSWL Regional Manager (RM). EAP staff are trained CISM consultants available to advise commands regarding the most appropriate response, which can include the EAP staff, a chaplain, Peer Support Persons (Peers), and a licensed behavioral health provider, if needed.
13. RESPONSIBILITIES.
- a. Commandant (CG-1K). The Director, Health Safety and Work Life promulgates policy and guidance regarding the Coast Guard's CISM program.
 - b. Commandant (CG-1K1). The Office of Work Life is responsible for oversight of policy and procedures as described herein and ensures funding and workforce resources are available to meet the requirements of this Instruction.
 - c. The Employee Assistance Program Manager (EAPM), Commandant (CG-1K11) must:
 - (1) Develop CISM policy and provide programmatic oversight.
 - (2) Collaborate with HSWL Service Center (SC) staff and HSWL Regional Manager (RM) to ensure compliance with this Instruction.
 - (3) Collaborate with HSWL SC staff to monitor the extent of critical incidents in the CoastGuard, and the type and effectiveness of interventions used.
 - (4) Coordinate funding requirements with HSWL SC staff to meet CISM program training requirements.
 - (5) Require all CG EAP staff to become International Critical Incident Stress Foundation (ICISF) Approved Instructors as part of their position, maintain this status, and teach others the ICISF approved curriculum for the Assisting Individuals in Crisis course and the Group Crisis Intervention course.
 - (6) Request funding, in accordance with References (h) and (i), for all CG EAP staff to become ICISF Approved Instructors and maintain this status, including funding for the following:
 - (a) All prerequisite ICISF courses, as taught by ICISF or by an ICISF Approved Instructor, to become Approved Instructors of the Assisting Individuals in Crisis

course and the Group Crisis Intervention course.

- (b) Application fees for each Approved Instructor Candidate Program.
- (c) ICISF individual membership fees (every two years).
- (d) Certification in CISM (CCISM) exam fees.
- (e) Instructor renewal fee (every three years).
- (f) Other professional development training to maintain the ICISF Approved Instructor status.

NOTE: The USCG will only fund the first attempt for an EAP staff to take the CISM exam and obtain the CCISM. EAP staff will be responsible for the cost of any additional attempts.

- (7) Coordinate requests for EAP-contracted CISM services with HSWL SC staff.
- (8) Set quality assurance priorities for the program.

d. Commandant (CG-00A) must:

- (1) Ensure that all Coast Guard chaplains are trained in the requirements of this Instruction.
- (2) Ensure, whenever possible, chaplains receive appropriate ICISF approved CISM training prior to participation on CISM Teams.
- (3) Ensure that chaplains participate on CISM Teams, when available.

e. HSWL SC must:

- (1) Provide support and consultation to HSWL RMs and HSWL RP staff in meeting requirements contained in this Instruction.
- (2) Coordinate and monitor requests for EAP-contracted CISM services with Commandant (CG-1K11).
- (3) Perform biennial and “as needed” program reviews at each HSWL RP to ensure compliance with this Instruction.
- (4) Create and maintain a database of all CISM interventions reported by HSWL RPs and monitor CISM activities.
- (5) Coordinate with the Commandant (CG-1K11) to identify and develop quality assurance checklist monitoring items for CISM.
- (6) Conduct quality assurance inspections in accordance with Reference (b) and in coordination with HSWL RM and EAP staff, emphasizing program quality, policy compliance and customer satisfaction.

- (7) Assign the “CISME” competency code using the Training Management Tool (TMT) for each newly CISM-qualified EAP staff within 30 days and recertify each EAP staff biennially per Reference (c). Criteria for recertification: EAP staff remains current in meeting training requirements per this Instruction.
 - (8) Assign the “CISMT” competency code using TMT for each newly qualified CISM Trainer within 30 days and recertify each Trainer annually per Reference (c). Criteria for recertification: trainer remains available to do CISM Peer trainings and retains ICISF certification as an Approved Instructor.
 - (9) Establish SOPs/technical directives, job aids and other standardized tools as needed to implement this Instruction.
- f. Sector Commanders, Commanding Officers (COs) and Officers-in-Charge (OICs) must:
- (1) Report critical incidents to the cognizant HSWL RP when it appears an incident has, or will likely have, a significant impact on personnel, as described in paragraph 4(f).
 - (2) Request pre-incident CISM training as appropriate to the operational tempo of the unit. EAP staff normally provide pre-incident unit training.
 - (3) Recommend unit members to cognizant EAP staff for collateral duty as a Peer Support Person.
 - (4) Be familiar with, and ensure unit leadership is familiar with, the typical signs of stress among personnel as listed in Appendix A.
 - (5) Take actions to foster recovery when appropriate and as advised by the servicing EAP.
 - (6) Give feedback, as warranted, to the HSWL RM on the performance of the CISM Team members.
- g. HSWL RMs/WL Supervisor must:
- (1) Complete the following basic ICISF courses as taught by ICISF or by an approved ICISF instructor. These two courses must be completed within 12 months of designation as RM or WL Supervisor:
 - (a) Assisting Individuals in Crisis
 - (b) Group Crisis Intervention
 - (2) Ensure CISM services can be provided in the absence of the EAP staff, using other Work-Life staff members, or coordinating through fellow RMs/HSWL SC.
 - (3) Assist the EAP staff, as needed, in providing CISM services. Depending on the extent of the crisis or disaster and the need for CISM services, the HSWL RM/WL Supervisor may become the primary point of contact in coordinating the on-going CISM response.

- (4) Ensure all EAP staff in the HSWL RP area of responsibility (AOR) complete required Incident Command System and critical/traumatic incident response trainings per paragraph 13.h.(1) of this Instruction.
- (5) Ensure other HSWL RP staff members are crossed-trained to coordinate CISM services. Whenever possible, ensure these staff members complete at least the basic ICISF courses (i.e., Assisting Individuals in Crisis and Group Crisis Intervention) as taught by ICISF or an ICISF Approved Instructor.

h. EAP Staff must:

- (1) Complete the following critical/traumatic incident training:
 - (a) Incident Command System (ICS) training via FEMA's National Training and Education Division at: <https://www.firstrespondertraining.gov/frts/npccatalog>.
 - 1) IS0100, IS0200 and ICS 300. Complete within the first 12 months of employment. (NOTE: DHS Preparedness courses IS0700 and IS0800 are prerequisites to ICS 300).
 - 2) Refresher training. Complete ICS 305 triennially. Go to CG-OWL website at: <https://cg-owl.uscg.mil/> to complete this course.
 - (b) Basic ICISF approved training, as taught by ICISF or an ICISF Approved Instructor, within two (2) years of employment for new EAP staff, and within two (2) years from the publication of this Instruction for all existing EAP staff:
 - 1) Assisting Individuals in Crisis
 - 2) Group Crisis Intervention
 - (c) Advanced ICISF approved training, as taught by ICISF or an ICISF Approved Instructor, within 24 months of completing the basic ICISF training:
 - 1) Advanced Assisting Individuals in Crisis
 - 2) Advanced Group Crisis Intervention
- (2) Become an ICISF Approved Instructor and be able to teach others the ICISF approved curriculum for the course on Assisting Individuals in Crisis and the course on Group Crisis Intervention.
- (3) Obtain ICISF Approved Instructor status within 42 months of employment for new EAP staff, and within 42 months from the publication of this Instruction for all existing EAP staff, or sooner if any EAP staff is able to meet the minimum ICISF criteria.
- (4) Complete professional development training (24 hours biennially) to include the following ICISF courses:
 - (a) CISM: Practical Review and Update

- (b) Strategic Response to Crisis
 - (c) Critical Incident Stress Debriefing
 - (d) Defusings
 - (e) Other non-ICISF courses that increase competency in critical/traumatic incident response and complement the purpose of this CISM Instruction.
- (5) Be thoroughly familiar with Reference (d), other relevant resources recommended by HSWL SC and/or EAPM, and any associated Job Aid available for coordinating CISM interventions within the ICS structure. Job Aids can be found on CG Portal at the Office of Emergency Management and Disaster Response (OEM), ICS Program & Coordinator page.
- (6) Conduct pre-incident CISM Training for Units.
- (a) Provide training on CISM pre-incident preparation as requested by commands and using the standardized presentation provided by the HSWL SC. This presentation includes:
 - 1) 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 for support.
 - 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) The purpose of CISM services and available interventions as well as how to request them.
 - 8) The 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.
- (7) Facilitate and/or conduct CISM training for eligible family members.
- (a) Provide appropriate training as requested by commands, using standardized presentations as provided by the HSWL SC.
 - (b) Presentations may include the following:
 - 1) Basic understanding of critical/traumatic incident responses.
 - 2) Common signs and symptoms of stress reactions including physical,

cognitive, emotional, behavioral, and spiritual.

- 3) Basic coping strategies to manage stress and build/maintain resilience, including seeking help from chaplains, CG SUPRT EAP, behavioral/medical professionals, and other appropriate helping resources.

(8) Recruit and manage Peer Support Persons (Peers).

(a) Recruit eligible Peers as defined under paragraph 15.

(b) Have Peer applicants complete the CISM Peer Support Person application as provided by the HSWL SC or located in the Work-Life Division EAP SharePoint site.

(c) Applicants must:

- 1) Not have suffered a major loss or experienced a significantly traumatizing incident withing the preceding twelve months.
- 2) Be emotionally mature—i.e., possess good communication and interpersonal skills, including the ability to empathize with the pain of others; easily relate to others in a genuine way regardless of grade level, rank, rate, or gender; and not be 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.

(d) Prior to a Peer receiving training,

- 1) Ensure each Peer signs the CISM Peer Support Person Statement of Understanding as provided by the HSWL SC or located in the Work-Life Division EAP SharePoint site.
- 2) Ensure each Peer's supervisor signs the Supervisor of CISM Peer Support Person Statement of Understanding as provided by the HSWL SC or located in the Work-Life Division EAP SharePoint site.

(e) Ensure Peers take the following basic ICISF courses as taught by ICISF or an ICISF Approved Instructor:

- 1) Assisting Individuals in Crisis.
- 2) Group Crisis Intervention.
- 3) Once the basic ICISF courses above are completed, and as unit funding allows it, Peers may consult with their District's EAP staff about taking additional ICISF and/or non-ICISF courses that improve and maintain their competency to respond to critical incidents and complement the purpose of this CISM Instruction.

- (f) Assign the “CISMP” competency code using TMT for each newly qualified Peer and recertify each Peer by 01 April each year per Reference (c). Criteria for recertification include:
 - 1) Peer has been available for Team deployments and has performed assignments satisfactorily--i.e., no valid or unresolved customer complaints, retains support of supervisor, and has been a cooperative team player.
 - 2) Current supervisor has signed the Supervisor of CISM Peer Support Person Statement of Understanding.
 - 3) Peer’s current command has recommended Peer in writing.
- (g) Maintain a CISM roster of all qualified CISM Peers within the HSWL RP AOR. The roster must be created in accordance with guidance provided by the HSWL SC.
- (h) Contact all Peers quarterly to verify contact and availability information.
- (i) Maintain an administrative, electronic file for each Peer with the following documentation:
 - 1) Peer application.
 - 2) Statement of Understanding forms for both Peer and Peer’s supervisor.
 - 3) Certificates of training for at least both basic ICISF courses--Assisting Individuals in Crisis and Group Crisis Intervention.
- (j) Provide Peer-related training, use skill-building techniques such as teaming with an experienced Peer to develop skills and maintain proficiency.
- (k) If a Peer is no longer eligible to be re-certified, then decertify the CISMP competency code assigned to them in TMT.
- (l) Conduct annual unannounced testing of the CISM Peer notification process.
- (9) Provide critical/traumatic incident 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 for affected CG members, civilian employees, and eligible family members.
 - (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 behavioral health providers.
- (e) Assign Peers for interventions. Ensure CISM personnel directly affected by an incident do not participate as CISM Team members for that incident.
- (f) Collaborate 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 to 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, including eligible family members. Follow-up and services must be appropriate to the severity of the incident and its impact on those affected by it.
- (i) Coordinate and monitor non-Coast Guard CISM teams when used to respond to Coast Guard units experiencing critical incidents.
- (j) Establish and maintain collaborative working relationships with Incident Command System (ICS) Coordinators within the AOR.
- (k) Deploy to major disasters as a CISM Technical Specialist when required per Reference (d) by a Coast Guard Incident Command, under the National Incident Management System, or when required by HSWL SC.
- (l) Report all CISM interventions within 24 hours of the intervention to HSWL SC and Commandant (CG-1K11) using CISM Intervention Report, CG-1750. 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, attach a copy of Report CG-1750 as an addendum to the Unit Log, Form ICS 214-CG to avoid duplication.

- (m) When operating within the ICS, collaborate with the Chaplain Emergency Response Technical Specialist assigned to the Incident Command to ensure coordination of chaplain assignments to the CISM Team.
- (n) Ensure recipients of CISM services have an anonymous method of providing customer satisfaction feedback using standards established by CG-111 and HSWL SC.

- (o) Develop a CISM protocol that includes a listing of all CISM-related resources in the AOR, including 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.
 - (p) Practice self-care and seek assistance as needed.
- i. Peers must:
- (1) Meet eligibility requirements and complete required documentation and training per paragraph 13.h.(8).
 - (2) Verify contact and availability information with EAP staff quarterly.
 - (3) Maintain CISM confidentiality.
 - (4) Practice self-care and seek assistance as needed.
14. PRIVACY PROVISIONS. The Privacy Act of 1974, 5 U.S.C. §552a, Reference (e), applies to records that contain protected health information and places procedural requirements on the use and disclosure of such information. Reference (f), the applicable EAP System of Records Notice for military and civilian personnel, can be found at: <https://www.gpo.gov/fdsys/pkg/FR-2014-12-16/html/2014-29379.htm>; this outlines procedures for owning, maintaining, protecting, and destroying records. In order to maintain the public's trust and prevent privacy breaches, the Coast Guard has a duty to safeguard all types of Personally Identifiable Information (PII) in its possession. Unintended disclosure or compromise of an individual's PII constitutes a Privacy Incident and must be reported in accordance with the Privacy Incident Response, Notification and Reporting Procedures for Personally Identifiable Information (PII), as per Reference (g).
15. DEFINITIONS. Terms used in this Instruction are defined below:
- a. Behavioral Health. This refers to overall total force fitness of the mind (psychological, behavioral, spiritual and social) and the body (physical, medical/dental, nutritional, and environmental) and includes prevention, intervention, and postvention.
 - b. Behavioral Health Professional. This term refers to psychiatrists, psychiatric physician assistants, psychiatric nurse practitioners, clinical psychologists, clinical social workers, and clinical mental health providers, licensed to provide unrestricted, specialized prevention services and formal specialized behavioral health care.
 - c. Crisis Management Briefing (CMB). A semi-structured gathering of people who are impacted by the same disturbing event, who are in urgent need of accurate information about the incident and follow-up activities, and who need information regarding typical reactions to exposure to both the incident and its aftermath. CMBs are appropriate for groups ranging from 10 to 300 individuals at one time in the wake of terrorism, violence, natural disasters, and other crises. A CMB may address larger audiences via television, radio, and internet services. Ideally, a CMB lasts 20-30 minutes and may occur as often as necessary.

- d. Critical Incident. Any event (also referred to as a traumatic event) that is usually outside the range of ordinary human experience. The event(s) may cause unusually strong emotional and/or physical reactions, either immediately following the event or later, that have the potential to impede normal functioning. Examples of critical/traumatic incidents include but are not limited to the following:
- (1) Crew member death in line of duty.
 - (2) Child's death or serious injury.
 - (3) Body recovery or other stressful search and rescue operation.
 - (4) A suicide.
 - (5) Natural disasters.
 - (6) Use of deadly force.
 - (7) Grotesque injuries.
 - (8) Acts of terrorism and other man-made disasters.
 - (9) Observing any critical event.
- e. Critical Incident Stress Debriefing (CISD). A structured, seven-phase, group crisis intervention tool designed to assist a homogeneous group after an exposure to a significant traumatic event. The group members' reactions to a mutually experienced critical/traumatic incident are discussed among the group members with the goal of 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 psychotherapy nor a substitute for psychotherapy, even though a behavioral health professional may be part of the team.
- f. Critical Incident Stress Defusing. A defusing is a small group intervention that is provided to a homogeneous group shortly after the group's exposure to a critical/traumatic incident and/or before the group leaves the workplace. Usually, a defusing lasts 20-45 minutes. The goals of a defusing are:
- (1) Rapid reduction in the intense reactions to a traumatic event.
 - (2) "Normalization" of the experience so people can return to their normal daily routines more quickly.
 - (3) Re-establishing the group's social network so people do not isolate themselves from each other. In recognizing similarities to others, people often are more willing to help each other in troubled times.
 - (4) Provide information on acute stress and reminders on how to reduce it.
 - (5) Assess the group's response to determine if a Critical Incident Stress Debriefing should be scheduled.

- (6) Identification of individuals within the group who might benefit from additional support or a referral to other resources.
- g. Critical Incident Stress Management (CISM). ICISF defines CISM as a comprehensive, integrated, systematic, and multi-tactic crisis intervention approach to managing critical incident stress after traumatic events. CISM is not therapy; its focus is to minimize the harmful effects of critical/traumatic incidents through coordinated individual and group support, stress education and coping techniques. The CISM process uses trained Peers, chaplains, and behavioral health professionals; it is managed by CISM Team Coordinators who are usually the EAP staff located at HSWL RPs.
- h. Critical Incident Stress Management Team (CISM Team). The EAP staff member coordinates, manages, and deploys the CISM Team. The CISM Team will typically include:
- (1) One or more EAP staff,
 - (2) An EAP-contracted licensed behavioral health professional,
 - (3) A chaplain or another clergy, and
 - (4) One or more Peer Support Persons.
- i. 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 EAP staff member with advanced CISM training and experience.
- j. Demobilization. A demobilization (aka **Rest, Information, and Transition Services**, or RITS) is a large-group, informational, crisis-focused brief 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 10 minutes and then a 20-minute period of refreshments and rest. The purpose is to provide:
- (1) An opportunity to “decompress” before returning to normal duties or getting released to go home,
 - (2) Practical suggestions for stress management, and
 - (3) Additional help for those experiencing high levels of stress.
- k. Employee Assistance Program (EAP) Staff. EAP staff consist of USCG employees hired as an EAP Coordinator (EAPC) or an EAP Specialist (EAPS).
- l. Follow-up Services. If CISM services are provided, post-incident follow-up is essential. Follow-up services can range from phone calls made by CISM Team members to more robust interventions such as a CISD. The EAP staff member is responsible for ensuring follow-up services are provided or accessible.

- m. Health. A state of complete physical, emotional, behavioral, social and spiritual well-being and not merely the absence of disease or infirmity.
- n. One-On-One Encounter. An informal check-in with a CISM Team member after a critical/traumatic incident. It is intended to give individuals a brief, confidential opportunity to voluntarily talk about their 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.
- o. On-Scene Support Services. Services provided under "on-scene" conditions are brief, practical crisis interventions designed to limit the level of distress members may experience. On-scene support does not interfere with operations. In the Coast Guard, these services are usually provided by Peers, with chaplains or behavioral health professionals called upon only as needed.
- p. Operational Stress. An inevitable process by which people respond to internal/external challenges or threats to the body or mind; the response may be physical, emotional, cognitive, behavioral, and/or spiritual.
- q. Operational Stress Control (OSC). A standardized, evidence-informed, primary prevention program that seeks to prevent and manage adverse stress reactions through increased psychological resilience and skill building across the CG's total workforce. OSC builds emotional intelligence, encourages strong and earnest peer relationships, and promotes healthy leadership engagement.
- r. Psychological Health. Wellness in cognitive, emotional, and behavioral, domains.
- s. Peers. Active duty and civilian employees who have met the requirements for call-outs to assist as a CISM Team member. Requirements include: 1) command endorsement, 2) screening by the EAP staff, 3) completion of the CISM Peer Support Person Statement of Understanding, 4) completion of the Supervisor of CISM Peer Support Person Statement of Understanding, and 5) completion of required training per paragraph 13.h.(8)(e) of this Instruction. Ombudsman may not attend the CISM Peer training or serve as a CISM Peer, as it is not the role of an ombudsman to provide actual work-life services, such as CISM interventions. In some locations, ICISF CISM-trained peers in the local community may be members of the CISM Team. Separated or retired members may not serve as a CISM Peer, unless they are a member of the CG Auxiliary, or belong to the local emergency response service team, and do not incur a cost.
- t. Postvention. An organized response in the aftermath of a traumatic event, to include counseling and other supportive care.
- u. Psychological First Aid (PFA). An evidence-informed, supportive, compassionate intervention used to help people of all ages immediately following the aftermath of a disaster, act of terrorism or other critical/traumatic incident. PFA may be used in multiple settings and aims to reduce the initial distress caused by these serious incidents and promote adaptive coping skills. PFA is based on the understanding that those exposed to critical/traumatic incidents may experience a broad range of early physical,

cognitive, emotional and spiritual reactions that may interfere with the adaptive and resilience process. PFA focuses on providing survivors with practical care and support; listening to and assessing their immediate concerns and needs; addressing their basic needs (e.g., food, water, shelter, etc.); providing them with information and resources; connecting them to social support networks; encouraging adaptive coping skills; and empowering them to take an active role in their own recovery. (Note: This definition was adapted from *Psychological First Aid - Field Operations Guide*, 2nd Edition; National Child Traumatic Stress Network; National Center for PTSD).

- v. Resilience. The capacity to withstand, recover, grow and function competently in the face of stressors, adversity, and changing demands.
 - w. 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, or spiritual.
 - x. Stress Injury. The normal, expected negative physical, psychological, or social reactions that result from 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 alone 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 affected by experiences of life threat, loss, inner conflict, or wear-and-tear.
 - y. Stressor. Physical, psychological, or social force that puts real or perceived demands on the body, emotions, mind, or spirit of an individual. Stressors include work as well as personal and/or family demands.
16. FORMS. Suggested changes and/or corrections for immediate action may be submitted to USCG.Forms@uscg.mil.
17. SECTION 508. This policy is created to adhere to accessibility guidelines and standards as promulgated by the U.S. Access Board with consideration of Information and Communications Technology (ICT) requirements. The customer experience (CX), plain language, and service delivery improvements were considered. If modifications are needed for this artifact, please communicate with the Section 508 Program Management Office (PMO) at Section.508@uscg.mil. Concerns or complaints for non-compliance of policy and/or artifacts may be directed to the Section 508 PMO, the Civil Rights Directorate (<https://www.uscg.mil/Resources/Civil-Rights/>) for the Coast Guard, or to the U.S. Department of Homeland Security at accessibility@hq.dhs.gov.

18. REQUEST FOR CHANGES. Units and individuals may formally recommend changes through the chain of command using the Coast Guard Memorandum. Comments and suggestions from users of this Instruction are welcomed. All such correspondence may be emailed to Commandant (CG-1K11) at smb-comdt-cg-1k11-eap@uscg.mil.

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Appendix A. Signals of Distress after a Critical Incident

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1. **Emotional Responses** during a traumatic event may include, but are not limited to, shock, fear, hopelessness, helplessness, grief, depression, panic, horror, anxiety, irritability, guilt, denial, loneliness, emptiness, intense anger, feeling overwhelmed or as if “in a fog,” and/or a general loss of emotional control.
2. **Cognitive Responses** to traumatic exposure, 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 repeatedly in their 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 heartbeat, 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, and a “crisis of faith.”
6. The above symptoms and signals of distress are common stress reactions associated with critical incidents; they are not signs of weakness. A physician or behavioral health professional should evaluate any symptoms that become intense or prolonged. 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 from a critical incident usually begins a day or two after the event. In most cases, it may continue for several days; however, 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. The support offered to 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 a trauma- and stressor-related disorder (e.g., acute stress disorder or posttraumatic stress disorder) and may need professional help from a medical and/or behavioral health provider. For the latest information on these conditions and treatment options, visit the Veteran’s Administration’s website at [VA.gov Home | Veterans Affairs](https://www.va.gov) and search “PTSD.”