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Medical Command

**CRITICAL INCIDENT STRESS MANAGEMENT
(CISM)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction establishes the Dover Air Force Base Critical Incident Stress Team (CIST). Refer to AFI 44-153 for additional guidelines, policies, procedures, and delegation of authority. It assigns responsibilities and explains procedures for the training, management, and deployment of the CIST. Furthermore, this instruction identifies the various disciplines that comprise the CIST.

1. PURPOSE: This instruction establishes the requirement for a critical incident stress response team. It defines the composition and role of this team, and provides guidance in implementing critical incident stress debriefings (CISD) and defusings.

2. GENERAL:

2.1. Many types of events have the potential to produce individual and community traumatic stress. Critical Incident Stress Management is the Air Force process for providing preventive services to unit and community members before potentially traumatic events occur and to help those who have experienced traumatic events. The goal is to assist those affected by traumatic events in coping with the normal stress reaction in an effective manner. These actions are designed to minimize the impact of exposure to these events and prevent permanent disability if possible.

2.2. Potentially traumatizing events fall into several categories:

2.2.1. Natural disasters, such as hurricane, flood, tornado, fire, and earthquake.

2.2.2. Acts of terrorism.

2.2.3. Combat.

2.2.4. Acts of violence, which may or may not include deaths.

2.2.5. Multiple injury or fatality accidents.

2.2.6. Acts of abuse, homicide, or suicide.

2.2.7. Serious threat or injury to self, family member, friend, or coworker—either real or perceived.

2.2.8. Observation of any of the individual or community traumatic events listed.

3. CRITICAL INCIDENT STRESS TEAM:

3.1. The Critical Incident Stress Team (CIST) is composed of individuals fulfilling four roles as designated by AFI 44-153. Each area will appoint a primary and alternate member. At a minimum, the CIST will be composed of:

3.1.1. CIST Chief.

3.1.2. Medical representative (physician).

3.1.3. Mental Health representative.

3.1.4. Chaplain or Chaplain Services Support representative.

3.1.5. Personnel representative.

3.2. The CIST Chief will oversee training of the CIST on critical incident stress management. All members of the CIST will be trained in the Basic Critical Incident Stress Management Course facilitated by someone who has been certified by the International Critical Incident Stress Foundation. Additionally annual refresher training and practice semi-annual Critical Incident Stress Debriefings (CISD) will be accomplished.

3.3. The CIST Chief will coordinate with other base agencies typically involved in response to traumatizing events, such as the base firefighters, security forces personnel, casualty affairs, mortuary affairs, and air crew members, medical response personnel.

3.4. Safety Investigation Board representatives to provide Pre Exposure Training (PEP).

4. CISM

4.1. Pre-event educational briefings will be used to prepare the military community when potentially traumatic events, like an extended deployment, can be predicted. Such briefings will be conducted in close coordination with other relevant base agencies.

4.2. When a potentially traumatic event has occurred, individuals not directly involved in the event can be given general educational discussions called defusings, alerting them of the normal reactions to trauma.

4.3. Individuals directly involved with the traumatic event will be offered a CISD to prevent emotional problems.

4.4. Individuals not directly involved with the traumatic event, but experiencing effects from the event, will be provided CISD as requested by unit commanders and as initiated by CIST members provision of “open invitation” CISD.

4.5. Individuals identified as having potentially long term reactions to the traumatic event will be referred by the CIST for mainstream medical and/or mental health evaluation and care.

5. CRITICAL INCIDENT STRESS DEBRIEFINGS:

- 5.1. Critical incident stress debriefing (CISD) is a strategy to help prevent long-term emotional problems after a traumatic event occurs on base or during a deployment.
- 5.2. CISD is not therapy even though mental health providers are part of the team. The goal is to encourage people to understand the normal emotional and cognitive reactions to traumatic events and to promote effective coping with their exposure to the event.
- 5.3. Post-traumatic stress disorder (PTSD) may result from not talking about, and being able to put into perspective, a traumatic event. CISD defuses the emotional intensity before PTSD develops. Once PTSD develops, the impairment caused by the long-term response to the trauma is harder to treat. Prevention is preferred.
- 5.4. CISD should occur within 24-72 hours of the traumatizing event whenever possible to maximize effectiveness, but not while the event is still occurring.

6. CRITICAL INCIDENT STRESS DEFUSING:

- 6.1. Defusing is a three-stage intervention implemented immediately, or shortly, after a traumatic event.
 - 6.1.1. Introduction: Introduce team members, explain process, set expectation.
 - 6.1.2. Exploration: To discuss the traumatic experience via participants' disclosure of facts, cognitive and emotional reactions, and finally symptoms of distress related to the traumatic event.
 - 6.1.3. Information: To cognitively normalize and educate with regard to stress, stress management and trauma.

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