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**Medical Command**

**CRITICAL INCIDENT STRESS MANAGEMENT**

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This instruction establishes the MacDill 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 response team. It defines the composition and role of this team, and provides guidance in implementing critical incident stress debriefings (CISD).

**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, 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 (CIST):**

3.1. The CIST is composed of individuals fulfilling four roles as designated by the Chief, CIST, as well as other key members. 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. Family Advocacy representative.

3.1.5. Substance Abuse Control representative.

3.1.6. Chaplain or Chaplain Services Support representative.

3.1.7. Personnel representative.

3.1.8. Mental Health Technicians.

3.2. The CIST Chief will oversee training of the CIST on critical incident stress management. All members of the CIST will be trained annually in the provision of Traumatic Stress Response Care (TSRC) and the CISD.

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, offering TSRC and education about CISD.

### **4. TRAUMATIC STRESS RESPONSE CARE (TSRC):**

4.1. The TSRC is a community-wide resource to help communities prepare for and cope with traumatic events. TSRC is preventive. It is useful for everyone and targeted to keep people effective on the job. The CIST is one of several base resources for the preparation for disaster, traumatizing events, or wartime stress. The CIST will provide training in areas of the mental health domain. As part of this training, the CIST will teach fire department and security forces personnel, as well as the Medical Response Team, an overview of acute stress reactions and an explanation of the CISD process to ameliorate them.

4.2. 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.

4.3. 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.

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

4.4.1. 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.

4.4.2. Individuals identified as having extreme 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 (CISD):**

5.1. The 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.

5.5. General structure of CISD session:

5.5.1. Introduction: Ground rules for session are set. Participants are informed that no notes will be taken and no reports about individuals will be written. Only those involved directly in traumatic event are present. Members are encouraged to participate, but all are reassured that disclosure is not required.

5.5.2. Fact Phase: Participants introduce themselves and describe what their role was regarding the event.

5.5.3. Thought Phase: Participants discuss the "most prominent thought" that entered their minds about the event. Each participant is given an opportunity to discuss in turn.

5.5.4. Reaction Phase: Participants discuss the worst thing(s) about the event for them personally. Any member can speak, in any order.

5.5.5. Signs and Symptoms Phase: Participants discuss signals of distress that they encountered during the incident, after the incident, and those they are currently experiencing.

5.5.6. Teaching Phase: Coping/survival skills are taught. Practical suggestions are given and participants are encouraged to continue to take appropriate steps to manage their stress.

5.5.7. Re-entry Phase: Discussion is summarized by facilitator, last minute comments are allowed, and individual assistance and community resources are offered.

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