POLICIES

Revised 2025

INDEX

MISSION

The Eastern Upper Peninsula Crisis Response Team (EUPCRT) is made up of trained professionals who will respond quickly to a group or community's request for help resulting when a situation overwhelms the emotional coping abilities of that group or community in Chippewa, Mackinac, Schoolcraft or Luce counties. The Team will also work with other regions in need of Critical Incident Stress Management. All members of the Crisis Response Team have been trained in the ICISF (International Critical Incident Stress Foundation) Model for Critical Incident Stress Management (hereafter referred to as "The Model") and use this model as the accepted standard for providing defusing and debriefing services. There is no fee for these services.

MEMBERSHIP

NO ONE will participate in any debriefings/defusings (CISD's) conducted by the EUP Crisis Response Team without being a member of the team.

Social workers, psychologists, emergency response personnel, medical personnel, school educators, clergy, and others who have been trained in the [ICISF] Critical Incident Stress Management Model may apply for membership.

Membership is based on the training as prescribed and in a non-discriminatory manner without regard to gender, race, religion,, culture, ethnicity, sexual orientation, or national origin. The EUPCRT complies with all relevant ethical and professional guidelines.

Membership recommendation and final approval will be done by the majority of members present at a regularly scheduled meeting. This is a two (2) phase process as noted below.

First an individual wishing to join the team will submit a completed application. This application will be presented to the EUP Crisis Response Team for review. Each prospective member is interviewed by the Executive Board. After the interview, the Executive Board may check references and background to acquire additional pertinent information about the candidate.

After the Executive Board has completed its interview and background check it will present its findings to the Crisis Response Team. At that time the Crisis Response Team may vote to approve or disapprove the candidate's membership. Approval or disapproval requires the majority vote of the members present at the meeting. If membership is disapproved, the candidate will be informed of the reason(s) why.

Membership of any EUPCRT member may be revoked by three quarters (3/4) vote of members present at a meeting. This approval/disapproval will take place at a regularly scheduled meeting, unless other arrangements are made. If other arrangements are made all members must be notified in writing at least five (5) working days in advance.

Each member will be required to sign a "Memo of Understanding." Each new member will receive an orientation by an assigned senior member. This orientation will consist of a general overview and expectations to be adhered to. New members will also receive a copy of the EUPCRT By-Laws, Policy and Procedures, and Protocols.

Prospective members are encouraged to attend regularly scheduled quarterly meetings and speak to regular members and ask questions.

Members will be given the opportunity to "RE-CERTIFY" by attending a 4-hour refresher training review and update offered by the Team. Each member's training record shall include the record of the training. Only those persons who have been trained or "re-certified" within the last five years will be authorized for deployment to a CISM event. Participation in a Group or Advanced Group training will satisfy this requirement.

TRAINING

It is the policy of the E.U.P. Crisis Response Team that all members will be trained in the Model of Critical Incident Stress Management (CISM). Members will not attend a debriefing unless authorized to do so by a Team Coordinator.

Potential new members will receive orientation information, a copy of the by-laws, policies and procedures and protocols of the EUP Crisis Response Team upon request.

Members should also participate in role plays when offered at team meetings to refresh and enhance CISM skills.

As mentioned in the "Membership" section, active members are expected to participate in a 4-hour "Re-Certification" training once every 5 years. There is no charge for participation in the training. This training is to assure that all team members are "current" in their understanding of the CISM model to be used. Participation in a Group or Advanced Group training will satisfy this requirement.

In-services should be held on an on-going basis. Suggested topics include:

- Crisis Intervention
- Post-Traumatic Stress Disorder
- Stress Management Techniques
- Empathy
- Group Process
- Suicide
- Grief
- EMS Culture/Rescue Personality Profile
- Multi-Casualty Incident Command Procedures

TEAM FORMULATION

Only those individuals trained in the ICISF Critical Incident Stress Management Model will be utilized for debriefings. These individuals must have a copy of their credentials on file with the team prior to activation and their membership must have been accepted by the EUP Crisis Response Team.

Team Coordinator(s): The team coordinator(s) serves as the primary contact person for critical incidents. The coordinator(s) serve as the day-to-day manager of the team. The team coordinator deploys the three or four team members (or more if necessary) to provide the defusing/debriefing or other CISM event. The team coordinator also maintains any team related records. The coordinators share the responsibility that all referrals will be handled expeditiously and effectively.

When an event team is assembled, it will usually consist of the following trained individuals:

1. Team Leader (assembles and organizes the team on site)
2. Peer Individual(s) – the number of participants depends on the size of group
3. Mental Health Worker (includes social workers, counselors, etc.)

One (1) individual may perform more than one position listed above but not all three (3). There must be a minimum of two (2) individual Team Members at each defusing/debriefing.

If possible the Team Leader at the debriefing should be a peer. Note: a Debriefing Team may consist of individuals who are all qualified to be Team Leaders, but only one of those will act as the Team Leader at a debriefing.

Once a Team Member has been activated they will be informed of a meeting time and place to meet prior to the debriefing. At this time the Team Leader will update the members on current information pertaining to the incident and define a place to meet after the debriefing to participate in a PASS. The Team member who conducts the PASS should normally not be one of the persons participating in the defusing/debriefing.

A more complete list of duties and responsibilities is given in Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Interventions Services on pages 246-257. It is excerpted for clarity and informational purposes as an appendix to this document on pages 17-20.

ACTIVATION

Anyone requesting the services of the EUP Crisis Response Team will call

(906) 495-3312
in Chippewa/Mackinac/Luce Counties

or

9 1 1
or (906) 341-2133
in Schoolcraft County
(Negaunee Regional Dispatch)

and ask for the Crisis Response Team for the Eastern Upper Peninsula.

The EUPCRT coordinators will provide the 911 Dispatch with current phone numbers for up to five people (Coordinators) who will be able to respond to the request for crisis services. The first responding EUPCRT coordinator will respond to the request from 911 Dispatch. The coordinator will begin the information gathering process following such a call.

The Team Coordinator will contact the requestor and obtain more detailed information and fill out a CRITICAL INCIDENT REQUEST form. From this interview with the requestor the Team Coordinator will decide if the incident meets the criteria of the ICISF CISM Model. *(Note: We do not handle personal family non-traumatic grieving issues. In the event of a denial of services, see the policy on Unapproved Requests).* If the Team Coordinator decides that a CISM response is appropriate, he/she will formulate a Debriefing Team with the appropriate number of team members and backgrounds/expertise.

The Team Coordinator will convey all information acquired to the Team Leader.

TEAM ACTIVATION

Once the Team Leader has been notified by a Team Coordinator they may contact the referral source to acquire additional information if needed, such as:

1. What form of services are requested, debriefing, defusing, etc.
2. How many people are expected to be involved
3. Facilities to be used
4. Supplies that the requestor is to furnish
    A. Tissue
    B. Refreshments
    C. Facilities for the Team to use prior to and after the session
    D. Facilities to be used for one-on-one following the debriefing

Based upon the above information the Team Leader will commence formulating a Team. Formulation should attempt to insure that there are no more than approximately 5 or 6 individuals per Team Member. If the team feels the group is too large for a single group, the group can be broken up into smaller groups with each group having its own debriefing. This will determine how many Team Members must be activated for that incident debriefing.

Please note that we are not able to reimburse team members for mileage or meals. Team members are asked to provide for their own transportation and meals. Ride sharing is encouraged for such events.

UNAPPROVED REQUESTS

No Request will go un-handled. If the Team Coordinator determines that the request does not fall under the guidelines of the EUPCRT that request will be forwarded to the proper agency. ***Remember the EUPCRT does not handle non-traumatic grieving issues***.

If a request does not meet the criteria of the EUPCRT guidelines, the Team Coordinator will determine whose help the requestor may need and notify the proper agency. For instance, if a request is received for a grieving issue that was non-traumatic, the call may be forwarded to one of the following:

1. Victim Advocate Counselors
2. Mental Health
3. Hospice
4. Clergy
5. School Counselors

If there is any question in the Team Coordinator's mind as to whom to contact, they should refer the request to Mental Health and let them decide if it is their services needed or one of the other agencies.

All Unapproved Requests will be fully documented to include but not limited to the following:

1. Name of requestor to include phone number
2. Nature of request and incident
3. Agency to which the request was referred to
4. Reason for disapproving the request

REFERRALS

If during a debriefing/CISD, problems arise or it is thought that a recipient needs more professional help a referral for Mental Health services will be made.

If an individual is determined to possibly be in need of professional help they need to be taken aside and suggested that they seek the required help. Volunteer to help them in acquiring the needed services.

Remember to follow all rules, policies, and protocols regarding confidentiality.

Fully document all incidents and actions taken. These documents need to be attached to the debriefing/CISD report.

ADVERTISING

There will be *NO* advertising, brochures, etc., whether written or verbal, released without prior approval of the EUP Crisis Response Team Executive Board.

The Final Copy pertaining to any of the above material must be approved by the EUP Crisis Response Team Executive Board prior to distribution. A copy of all material distributed at a debriefing must be attached to the Crisis Response Report Form. These records will be kept on file by the EUP Crisis Response Team.

MEDIA

NO ONE will converse with any member of the media during or after a Mass Casualty Incident except the Public Information Officer, PIO, appointed by the Incident Commander. Only an EUP Crisis Response Executive Board member or their designee will communicate with the PIO. There are NO EXCEPTIONS to this policy.

For those incidents involving the EUP Crisis Response Team that do not qualify as a Mass Casualty Incident the following policy will be in effect. No one will converse with the media during or after an incident without prior approval of the EUP Crisis Response Team Executive Board. This approval must be obtained from the majority of the Executive Board members.

Any information released to the media will be in writing and reviewed by the Executive Board prior to release. During an oral release the approved written document will be read word for word With *NO DEVIATION*. There will be no questions answered during the release, but questions will be taken and noted. These questions will then have answers prepared in writing for approval by the Executive Board. Once these answers are written and approved they will be released to the media.

All written/approved media releases will be turned over to the Secretary for filing. Attached to the written/approved release will be the name of individual making the release, time, and place at which release took place.

Definitions as used in this protocol:

Mass Casualty Incident: ---- Any incident that involves two (2) or more agencies.
PIO: ----------An individual appointed by the Incident Commander to conduct media updates, briefings, and news releases.
Executive Board:----------Chairman, Vice-Chairman, Secretary, and Treasurer of the EUP Crisis Response Team.

MEMO OF UNDERSTANDING

Each member will be required to sign a Memo of Understanding once approved for membership. This instrument will specify that the member will commit to provide services on the EUPCRT and will abide by all protocols, rules and regulations, and policies of the EUPCRT.

CONFIDENTIALITY

It is our ethical and legal responsibility to protect the confidentiality of all information concerning recipients of EUP Crisis Response Team, EUPCRT, services. Members or anyone else who is not providing services to the Recipient ***DO NOT*** have a "Need to Know."

We must also remember that there are times that people other than EUPCRT Members are in the area and special care must be taken not to engage in conversation regarding Recipients and/or the services rendered.

Reminders:

1. All paperwork or other media must be safeguarded against intentional or unintentional exposure to those without a "Need to Know."

2. Hold private conversations in private areas. Hallways, break rooms, or any area where others may be or may hear is not private.

3. Refrain from discussing a Recipient with or in front of EUPCRT members, with exception of the Clinical Director, who are/were not involved in that Recipient's services. (Brief descriptions only should be used when necessary.)

4. All Members are required to comply with State Laws and EUPCRT policies regarding confidentiality. You may seek clarification on confidentiality issues from the EUPCRT Executive Board.

What is Confidential Information?

All information in the record of a Recipient including information acquired in the course of providing EUPCRT service to the Recipient. Confidential information includes, but is not limited to:

1. Name of Recipient
2. Fact that Recipient is or has received EUPCRT services
3. Information related in confidence
   NOTE: All information spoken or expressed in a debriefing or defusing is considered confidential.
4. All information in the EUPCRT records pertaining to any Recipient
5. Observations of the Recipient
6. Other information received while providing services (verbal, visual, or written)

It is the Recipient's right and expectation that all information will be kept completely confidential by the EUPCRT and all of its Members.

(Continued)

When May Information be Released Outside the EUPCRT:

When it is germane to the authorized purpose for which disclosure was sought and there is a legal authorization to release it.

Examples of Mandatory Disclosure:

1. Court Order or Subpoena
2. To comply with laws on reporting abuse of children or vulnerable adults.

Examples of Discretionary Disclosure:

1. To providers of Mental Health Services when there is a valid consent.
2. By the Recipient.
3. When there is a substantial probability of the Recipient harming themselves or others.

When is it Possible to Refuse to Release Information:

When there is evidence that such a disclosure would be detrimental to the Recipient.

What is Informed Consent:

Signed permission from the Recipient, a parent, or guardian who understands the consent, are competent to sign and the signature is voluntary.

When May Information be Exchanged Within the EUPCRT:

If it is based on a "Need to Know" basis in order to provide needed services to the Recipient.

What are Violations of Confidentiality:

1. Talking about Recipient with family or friends
2. Identifying a person as a Recipient
3. Informal discussions with colleagues who do not "Need to Know" the information in order to provide services
4. Referring to a second Recipient in a service record
5. Calling a Recipient by full name in public
6. Discussing a Recipient with his/her family, teachers, or other non-staff without a signed consent
7. Taking photographs without permission, opening mail, listening to telephone conversations
8. Labeling a Recipient's property with first and last names
9. Misusing technology such as speaker phones, answering machines, Fax machines, etc.

DO NOT:

1. Acknowledge whether a person is or is not a Recipient
2. Guarantee Recipients "absolute" confidentiality
3. Release information without verifying there is a written informed consent and/or other valid authorization
4. Fax confidential information unless it is absolutely necessary (when faxing information make certain that it is sent to the correct number and is being received only by a person with a "Need to Know")

(Continued)

5. Obtain information regarding a Recipient without his/her consent
6. Discuss information in public areas or outside the building even if names are not used

MENTAL HEALTH CODE (330.1748 Confidentiality):
Sec. 74S. (1) Information in the record of a Recipient, and other information required in the course of providing mental health services to a Recipient, shall be kept confidential and shall not be open to public inspection. The information may be disclosed outside the Department, County Community Mental Health Program, or licensed private facility, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this section.

(2) When information is disclosed, the identity of the individual to whom it pertains shall be protected and shall not be disclosed unless it is germane to the authorized purpose for which disclosure is sought and, when practicable, no other information shall be disclosed unless it is germane to the authorized purpose for which disclosure was sought.

(3) Any person receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

(4) When request information shall be disclosed:
- (a) Pursuant to orders or subpoena of a court of record, or subpoenas of the legislature, unless the information is made privileged by some provision of the law
- (b) To a prosecuting attorney as necessary for the prosecuting attorney to participate in a proceeding governed by this act
- (c) To an attorney for the Recipient, with the Recipient's consent
- (d) When necessary in order to comply with another provision of the law
- (e) To the Department when the information is necessary in order for the Department to discharge a responsibility placed upon it by the law
- (f) To the Office of the Auditor General when the information is necessary for that office to discharge its constitutional responsibility
- (g) To a surviving spouse of the Recipient for purposes of applying for and receiving benefits or, if there is no surviving spouse, to a person or persons most closely related to the deceased Recipient within the third degree consanguinity as defined as civil law

(5) Information may be disclosed if the holder of the record and the Recipient, the parents of the Recipient if the Recipient is less than 18 years of age, or the Recipient's legally appointed guardian consent:
- (a) To providers of mental health services to the Recipient
- (b) To the recipient or any other person or agency, provided that in the judgment of the holder, the disclosure would not be detrimental to the Recipient or others

(Continued)

(6) Information may be disclosed at the discretion of the holder of the record:
(a) As necessary in order for the Recipient to apply for or receive benefits
(b) As necessary for the purpose of outside research, evaluation accreditation, or statistical compilation, provided that the person who is the subject of the information can be identified from the disclosed information only when such identification is essential in order to achieve the purpose for which the information is sought or when preventing such identification would clearly be impractical, but in no event when the subject of the information is likely to be harmed by such identification

(7) The Department or a County Community Mental Health Program or licensed private facility shall grant a representative of the protection and advocacy system designated by the Governor in compliance with section 931 access to the records of a person with developmental disabilities who resides in a facility for persons with developmental disabilities or a mentally ill person who resides in a facility for mentally ill persons if both of the following apply:
(a) A complaint has been received by the protection and advocacy system from or on behalf of the recipient.
(b) The resident does not have a legal guardian, or the State or the Designee of the State is the legal guardian of the resident.

SEXUAL HARASSMENT POLICY

The EUP Crisis Response Team is committed to providing Recipients and Members with an environment that is safe, comfortable, and productive. Sexual Harassment in any form will not be tolerated.

Sexual Harassment is any unwanted sexual attention pressed on an unwilling person by any Recipient or EUPCRT Member. Sexual harassment is further defined as follows:

1. Sexual relations, sexual contact, or the threat of sexual relations or sexual contact, which is not freely or mutually agreeable to both parties.

2. The continual or repeated verbal abuse of a sexual nature, including but not limited to sexually explicit statements, sexually suggestive objects or pictures, proposition of a sexual nature, sexually degrading words used to describe the Recipient or Member.

If you believe that you are a victim of sexual harassment, deal with the problem immediately by contacting the EUPCRT Executive Board. Each Recipient or Member can have the confidence that all allegations of sexual harassment will be investigated impartially and with discretion.

Anyone who is found, after appropriate investigation, to have engaged in sexual harassment of another will be subject to discipline, up to and including dismissal, depending on the circumstance.

APPENDIX: Definitions and Roles

CLINICAL DIRECTOR – A mental health professional who provides oversight and consultation to other team members on matters relating to mental health.

TEAM COORDINATOR – A peer who serves as the day-to-day manager of the team. The senior team coordinator deploys the three or four team members to provide the debriefing. The senior team coordinator also arranges team meetings and maintains any team related records. The senior coordinator guides the efforts of the assistant coordinators and other team members and provides stress education programs to emergency personnel.

ASSISTANT TEAM COORDINATORS – There may be more than one assistant coordinator depending on the size and activity level of the CISM team. Assistant coordinators take over the responsibilities of the senior coordinator when he or she is away or occupied with other functions.

MENTAL HEALTH PROFESSIONALS – These people share the leadership with the two to four member team assigned to provide a formal debriefing. Frequently the mental health professional is the primary leader in the group, but this is not always the case. It is important to note, however, that mental health professionals on the team have the final say on matters of significant psychological importance. They also provide brief consultation to individuals who have been identified during a debriefing as people who may need additional support services. The mental health professionals provide advice and back up to peers who are doing the bulk of the day-to-day work of the CISM team. Mental health professionals also assist in providing stress education programs to the various organizations the team services.

PEER SUPPORT PERSONNEL – The majority of team members on a CISM team which serves emergency personnel are emergency workers themselves. They provide stress education to their fellow emergency workers. They handle most of the one-on-one contacts as well as defusing and follow up contacts. Peer support team members work actively in concert with the mental health team leader in a formal debriefing.

TEAM LEADER

The team leader is the person who is assigned to be the primary leader in the group. In many cases it is the mental health professional who is assigned to the CISD. In some cases it is an experienced peer support person and the mental health professional is used as a teaching expert during the teaching phase. In any case, a CISD should have one primary leader to avoid confusing the participants. The team leader's role is to use his or her communication skills to tactfully invite and encourage the group participants to discuss the traumatic event. Usually the team leader starts the questions for each segment of the CISD. The mental health professional, whether he or she is in the team leader role, needs to keep a careful eye on the overall psychological well-being of the group and especially on any one in the group who may be experiencing more distress than the others.

The team leader should be very involved in the teaching aspects of the debriefing and attempt to help people clarify their own perspectives of the incident. The team leader frequently has to weave the various aspects of the group experience into a coordinated pattern so that people can recognize their own part of the experience as a part of a bigger picture. The team leader asks occasional questions, or makes occasional comments when it is appropriate, and listens intently

throughout the debriefing. If the discussion becomes too intense for the other team members to manage effectively, the mental health professional may need to enter the discussion to balance it, to explain certain issues or to help people see their own parts of the experience more clearly. The team leader and the mental health professional attempt to bring the group out of the debriefing on as positive a level as possible in light of the tragedy they have experienced.

As can be seen in this discussion, the team leader and mental health professional, as well as the other peer support personnel, must have an interactive leadership style. There is one clear leader in the CISD, but the other team members should be able to ask appropriate questions and contribute appropriate information during the teaching phase. Running an effective debriefing requires a very interactive leadership style which recognizes the abilities of each team member.

Good team leaders develop their skills over time and with a variety of experiences. They would be far more effective if they were to come to the debriefing with a background of exposure to the emergency services professions or to whatever profession they are working with. If the team leader is a mental health professional, it would be wise for that person to have a familiarized him or her self with the emergency services professions long before being designated as a team leader in a particular CISD. Ride-along programs, visits to the emergency room or the communications center and spending time at the fire, police and emergency medical service stations are crucial to developing a proper understanding of the emergency services personality and their jobs. In fact, we urge all mental health professionals to become familiar with the emergency services "culture" before providing any service to those personnel.

Mental health professionals who function as team leaders with non-emergency populations such as banks or businesses or who are solely working on Community Response Teams with non-emergency populations in the community do not require such exposure to emergency services personnel. In fact, it is typical for them to work with a second mental health professional in the co-lead position during a CISD with a business or community based group.

CO-LEADER

If the debriefing is with the emergency services professions, the co-leader is one of the peers. The peer who is chosen for this role typically has the most experience as a peer debriefer. If the debriefing is for a community group not associated with the emergency services, the co-leader is usually another mental health professional.

The co-leader's main role is to share and support the leadership of the group with the team leader. The co-leader will bring up any items in the introductory remarks which the team leader did not mention and will add several important comments of his or her own. The co-leader watches the group members for signs of distress and questions, clarifies and makes statements whenever they are appropriate. The co-leader plays a significant role in the teaching phase of the debriefing. The co-leader helps the leader to summarize the debriefing and remains available to the participants after the debriefing to make contacts with those who need a few extra words of support or perhaps a referral.

The co-leader usually has a considerable role in providing for follow-up contacts. In many cases, especially with emergency personnel, it is the peer support personnel, more than the mental health professionals, who have the primary responsibility for the initial contacts within a few days of the debriefing. The peers usually encourage emergency workers who need more help to contact mental health professionals.

The co-leader assigns specific follow up tasks to appropriate CISD team members. For example, one peer may be assigned the task of advising the unit supervisor. Another may be given the task of calling two people who attended the debriefing and are obviously more troubled about the critical incident than the others.

DOORKEEPER

The doorkeeper has a key role in debriefings. The doorkeeper will prevent any unauthorized or inappropriate individuals from entering the room where the debriefing is taking place. This includes people in the organization who were not involved at the scene, family members of participants in the debriefing who are not part of the organization, spectators, media personnel and citizens who just happened to be at the scene of the incident. The doorkeeper allows into the room any appropriate person who is a member of one of the organizations being debriefed and who was involved in the incident and arrives late. If there are two CISM team members running a CISD, the co-leader must also play the role of doorkeeper.

The doorkeeper has another vital role. If someone leaves the debriefing, it is the doorkeeper's job to go out after that person and encourage that person to return. This task is easy if the person is only going to the men's or ladies' room to take care of personal needs. The doorkeeper simply has to remind the person to come back into the debriefing as soon as possible. If, however, the person is distressed and is leaving the debriefing because of that distress, then it is important for the doorkeeper to gently question, listen intently, and give as much support as possible to the distressed person. It is very important to encourage the person to return to the debriefing as soon as possible. Sometimes the person needs reassurance that they will not be called upon nor will they have to speak if they do not want to. Occasionally, they need to be told that they are needed by the other participants inside the debriefing and that they can be of great help to some of the people in the debriefing room but they have to be inside the room to be helpful. Almost everyone will return to the debriefing when encouraged to do so by the peer support person who is the doorkeeper.

Only in rare instances do people leave the debriefing and refuse to return to it. In those cases, it is important that the doorkeeper try to engage the person on a one-on-one basis. If the person refuses any effort to assist them, then an attempt is made to get the person's name and phone number or at least to give them one's card and a verbal invitation to call if they would like to go back over something related to the incident. Efforts to outreach to that person should be made by a CISM team member after the CISD.

CLERGY

If clergy, who are trained in the CISD process, are part of the CISD team, they play a significant role as listener and guide. Preaching and praying are discouraged during the actual debriefing process because not all participants may share similar religious beliefs. In addition, the CISD is not the proper time for preaching and praying by a clergy person because the distress of the incident mentally blocks people from hearing the important spiritual messages. It would be better if clergy members deal with spiritual issues after the debriefing when the participants' emotional distress has calmed down and the participants are more open to spiritual discussions.

The clergy, during a CISD, may make appropriate comments or ask questions that guide the discussion. Clergy on the CISM team function to support the leadership of the team leader. They participate actively in the teaching phase. They also listen carefully and try to see which people might need a little extra support after the debriefing is concluded. They are very active in checking with people after the debriefing to see that people are coping adequately or if they need help with any aspects of the event or their return to normal functions (especially from a spiritual perspective). Spiritual interventions such as praying or preaching are generally best implemented after the CISD, and preferably on a one-to-one basis.

PEERS

Community Response Teams can work without peers. They may utilize only mental health professionals. But CISM teams doing debriefings with emergency personnel, military personnel, airlines, railroad workers and certain other businesses absolutely need peer support personnel. The keys to success in working with emergency personnel appear to be:

1. Familiarity with the nature and culture of emergency services
2. Rapid intervention
3. An emphasis on pragmatic stress management techniques
4. Emergency service "peer" support personnel are the embodiment of these characteristics and are therefore an integral part of the CISD team

During the debriefing, the peer support personnel who are not assigned to specific tasks such as co-leader and doorkeeper do not just sit back. They have important roles to fulfill. They must listen carefully to the discussion, observe the participants, pick out those who they think might need additional help and teach some of the stress reduction techniques during the teaching phase. There is no room in a debriefing for someone to just watch. There are too many things which must be done. All of the peers on a CISD team are part of the process.

The peer support personnel help to make the introductory remarks, ask questions and make statements when it is appropriate and they help to bring the debriefing to a close by participating actively in the summary remarks. When one of the participants is speaking, the team leader might be listening intently to that person and looking at the person as he or she speaks. In that case, the peer support personnel should be looking at the other group members in an effort to read their facial expression and their body language. When a second participant leaves the room and the doorkeeper is already outside of the room with the first one who left, one of the remaining peers must play a back-up doorkeeper role. If the team leader or co-leader is ready to move ahead into another phase in the debriefing, but one of the peers recognizes that a participant wants to say something else, the peer gives that person the opportunity to speak.

The peers and mental health professionals work together during the entire debriefing. Each has an important job to do and assists the others in doing their jobs. The debriefing process is a team effort.

CRITICAL INCIDENT REQUEST

1. INITIAL CONTACT

Received From: _____ Date: _____

Contact Person: _____

Home Phone: _____ Work Phone: _____

Agency Name: _____

Address: _____

Chief Administrator: _____

Is this person aware of the request? yes no

Telephone number, if different: _____

2. INCIDENT

Nature of Incident: _____

_____

_____

Date/time of Incident: _____

Location of Incident: _____

Services involved / Number of People & Departments Involved: _____

_____

Has the group experienced other critical incidents, prior CISM experiences? _____

Are any of the participants related to the victim(s)? _____

What Reactions Are You Seeing? (Individual/Group) _____

_____

What are underlying issues with this group (if any)? _____

_____

Any issues expected to come up? _____

How many people might be expected to attend? _____

Are any participants CISM trained? _____

If approved, who will provide healthy snacks for the event? _____

Where can we get information about this event? Newspaper clippings; video footage, photos, online information _____

_____

Urgency of Request: Immediate Contact: _____

Within 24 hours: _____

Within 72 hours: _____

Other: _____

3. LOCAL EMERGENCY RESPONSE UNDER WAY: yes no

Contact Person: _____

Phone Number: _____

4. STATE EMERGENCY RESPONSE UNDER WAY: yes no

Contact Person: _____

Phone Number: _____

5. ACTION TAKEN

Request Approved*, *Team Activated:

Names of Event Team: _____

_____

_____

Rendezvous Point: _____

Directions: _____

_____

_____ Time: _____

Date and time of Debriefing: _____

Location of Debriefing: _____

Directions to Location: _____

_____

_____

CISM Event for (specify populations): _____

_____

Size of Group Expected: _____

_____

Request Denied:

Reason: _____

_____

_____

_____

Alternative Services Offered:

_____

_____

_____

Additional Information: _____

_____

_____

6. RECORDER'S NAME: _____

DEBRIEFING REPORT

1. **DATE OF INCIDENT:** _____
2. **DATE OF DEBRIEFING:** _____
3. **AGENCY NAME:** _____
4. **DEBRIEFERS:** _____

   _____
5. **NATURE OF INCIDENT:** _____

   _____

   _____
6. **NUMBER OF PERSONS ATTENDING:** _____
7. **GENERAL ISSUES OF DEBRIEFING:** _____

   _____

   _____
8. **THINGS THAT COULD HAVE BEEN DONE DIFFERENTLY:** _____

   _____

   _____

   _____

   _____
9. **RECOMMENDATIONS FOR FOLLOW-UP:** _____

   _____

   _____

   _____

   _____
10. **ADDITIONAL COMMENTS:** _____

    _____

    _____

    _____

    _____

11. **SIGNATURE:** _____ **DATE:** _____

E.U.P. CRISIS RESPONSE TEAM

c/o 315 Walnut Street, Manistique, MI 49854
906-341-2839 or 906-286-2839

TEAM MEMBER INFORMATION

Name: _____ Date: _____

Address: _____

_____

Phone: (Please number in order we should call)

(Home) _____ (Work) _____

(Pager) _____ (Cell) _____

Employer: _____ Position: _____

Would your employer allow you to be called away from your regular duties if you are requested to do a debriefing? _____ Yes _____ No _____ Unsure

What hours do you usually work? _____

E-mail address _____

Would you like to receive meeting notices via e-mail? _____ Yes _____ No

List prior positions held relevant to emergency services or counseling:

Dates Where Position Reason for Leaving

_____

_____

_____

_____

What Critical Incident Stress Debriefing/Crisis Intervention/Stress Management training have you had? (Include when where, and who did the training). List whether Basic or Advanced Certification(s) and date of certification(s) (CISM funding requirements).

_____

_____

_____

E.U.P. CRISIS RESPONSE TEAM
Team Member Information – page 2

Do you know any foreign languages or sign language? _____ Yes _____ No

What language(s)? _____

Most people experience a traumatic event in their life.
What incident was most traumatic for you and why?

_____

_____

Were you ever a part of a debriefing and if so, was it helpful? _____

_____

How did you hear about the E.U.P. Crisis Response Team? _____

_____

Why do you want to be a member of the Crisis Response Team? _____

_____

List positive attributes that would make you an asset to the team. _____

_____

Which roles would apply to you?

_____ Medical First Responder
_____ EMT
_____ Paramedic
_____ Dispatch
_____ School Personnel
_____ Clergy
_____ Other _____

_____ Law Enforcement
_____ Firefighter
_____ Nurse
_____ MD/DO
_____ Mental Health Worker
_____ Team Support (not a debriefer, help in other ways)

E.U.P. CRISIS RESPONSE TEAM
c/o 315 Walnut Street, Manistique, MI 49854
906-341-2839 or 906-286-2839

REFERENCES

Please list three people who can comment on your potential to be an asset to the Crisis Response Team, based on direct knowledge of you.

If you are a current mental health/school employee, please list your supervisor as one of your references.

NAME TELEPHONE RELATIONSHIP/How Long

_____

_____

_____

By signing this, you are giving the E.U.P. Crisis Response Team Executive Board permission to contact your references.

_____
Signature Date

MEMO OF UNDERSTANDING

MEMBERSHIP POLICIES

As a member of the Eastern Upper Peninsula Crisis Response Team, I agree to provide services to the team for a minimum of one year. I also agree to abide by all the rules and regulations, policies and protocols of the Team.

SEXUAL HARASSMENT POLICY

I have read fully and understand this Sexual Harassment Policy. I hereby agree to follow this policy throughout all areas of the EUPCRT activities to include but not limited to debriefings, meetings, and training areas.

CONFIDENTIALITY POLICY

I acknowledge that I have been informed of the confidentiality regulations of this program. Furthermore, I fully understand and agree to abide by them. Should I violate one or more of these regulations, intentionally or unintentionally, I understand that I would be subject to immediate removal from the EUPCRT with no release from full financial responsibilities and obligations to the EUPCRT.

Recipient Confidentiality:

1. I understand that I will be in direct contact in debriefings, defusing, etc., and will see and hear information of a private and confidential matter. I agree to retain this information and disclose it to no one except in the course of duty as an EUPCRT Member. The only exception to this is mandatory reporting situations, as required by law.
2. I understand that I might have access to information concerning recipients of the debriefing and/or defusing process. I agree without exception to retain all information I read and hear as private and confidential, and will release this information to no one except in the course of duty as an EUPCRT Member.
3. In the event that I am requested to make a statement concerning a particular Recipient's case, I understand that I am to abide by EUPCRT protocols governing confidentiality. I will release no information to anyone without specific verbal and/or written approval from the EUPCRT Executive Board. Any statement(s) made will be done in an appropriate and professional manner.

_____ _____

Signature Date

_____

Printed Name