783. CRITICAL INCIDENT STRESS MANAGEMENT

Recognizing that employees, by virtue of their profession, encounter situations that require them to take action which may result in their suffering emotional or psychological trauma, the Great Falls Police Department shall assist its members to understand the impact of such incidents by providing non-professional peer support services and/or referral information for professional counseling.

The Great Falls Police Department supports and utilizes a comprehensive program that incorporates Critical Incident Stress Management through educational programs as well as critical incident stress intervention through five types of debriefings, which are:

a. On-Scene Debriefing;

b. Initial Defusing;

c. Formal Debriefing;

d. Follow-up Debriefing;

e. Individual Consultation.

In recent years, stress disorders have received increasing attention in law enforcement. Because officers are at risk to experience a range of psychological traumas, police officers should be versed in recognizing and understanding traumatic stress reactions. These traumatic stress disorders may be precipitated by any event which occurs suddenly, unexpectedly, and may incorporate elements of threat, loss, and/or personal value disruption.

In the past, emergency service providers were left to deal with the impact of these stresses either on their own or through informal visits with other responders. The Great Falls Police Department provides education and debriefings to provide a support service that will enable personnel to lessen the impact of distressing critical incidents and accelerate recovery from those events before harmful stress reactions have a chance to damage their performance, careers, health and families. The Department may require one on one counseling sessions to establish an officer's fitness for duty. In addition, the department will provide annual refresher training and awareness to its employees. The following CISM program and resulting wellness program will be under the oversight of the Patrol Services Captain.

Critical Incident

Any situation which causes emergency services personnel to experience strong emotional reactions which have the potential to interfere with their ability to function at the scene or later.

Critical Incident Characteristics

Characteristics include, but are not limited to:

a. Events which are sudden and unexpected;

b. Events that disrupt one's sense of control;

c. Events that disrupt one's beliefs, values, and basic assumptions concerning how the world works;

d. An event perceived as life threatening;

e. Events that may include elements of physical or emotional loss.

Critical Incident Stress Debriefing (CISD)

An organized approach to the management of stress responses in emergency services. It entails either an individual or group meeting between the rescue worker and a caring individual (facilitator) who is able to help the person talk about his feelings and reactions to the critical incident.

Critical Incident Stress Management

A comprehensive, organized approach for the reduction and control of harmful aspects of stress in emergency services. It includes, but is not limited to the following:

a. Pre-incident education. Each new employee will receive CISM related material from the training office that will be completed before the end of their FTO phase. Incumbent officers will attend annual refresher type training as determined by the department;

b. Significant other support services;

c. One-on-one peer or therapist support. ; a current list of qualified counselors and therapists will be kept current and made available to all employees as a part of the city EAP;

d. Specialty debriefings for citizen groups when necessary;

e. On-scene support services;

f. Disaster intervention services (de-escalations);

g. Defusing;

h. Debriefings;

i. Follow-up services after critical incident intervention;

j. Support for personnel involved in informal debriefings;

k. Research and development.

Debriefing

A qualified mental health practitioner leads the debriefing 24 to 72 hours after the conclusion of the incident. The debriefing usually lasts from 1 to 3 hours and is designed to reduce the impact of an event and accelerate the recovery of the personnel. It may be a joint debriefing between police, fire and EMS personnel. It is not an Incident. The tone must be positive, supportive and understanding. Those members involved in a debriefing will follow the main rule of not criticizing one another. It is critical to listen to what is being said by others, in order to learn and understand other's perspectives. The debriefing is not a critique of the incident or the performance of any individual or agency. Such discussions are not permitted during the process.

Defusing

A shortened version of a debriefing usually lasting less than 45 minutes (Introduction phase, fact phase, and a teaching phase). The Initial Defusing occurs within 8 hours and may be provided by peers, chaplains, mental health professions, team members, etc., at times when there is no designated leader. It may be quite spontaneous however must be supportive, positive, and based on care and concern for team members.

Traumatic Event

Any incident that could cause severe physical or mental injury, usually due to an external agent. Traumatic events may include, but are not limited to:

a. Employee involved in the use of deadly force;

b. Assault on an employee involving a deadly weapon;

c. Hostage situation where an employee is victim;

d. Injury, illness or death of an employee or family member of an employee;

e. Assisting family members with an employee's death;

f. Catastrophic incidents such as an airplane crash, flood or fatal accident;

g. Investigations involving death, such as a child.;

h. Substance abuse;

i. Marital, relationship, health, family, financial, employment, or other personal problems.

All personnel (unless physically or mentally incapable) who had operational involvement in a traumatic event, or personnel who had supportive involvement in a traumatic event who are identified as in need of a debriefing will attend a debriefing if a response is made to one of the following:

a. Response to a major disaster/mass casualty situation;

b. Serious injury, death, or suicide of emergency services personnel;

c. Serious injury or death of a civilian resulting from emergency service operations. This would include a shooting by a police officer or a civilian injury or death caused by the collision of emergency units responding to a fire or EMS call;

d. Severe injury, death or violence to a child; any case which is charged with profound emotion such as the sudden death of an infant under particularly tragic circumstances;

e. Loss of life following an unusual or extremely prolonged attempt at rescue;

f. Working on a victim who is a relative, friend, or coworker;

g. Any unusual incident which produces a high level of emotional response;

h. Cumulative stress syndromes resulting from multiple incidents over a period of time.

Operational involvement includes the immediate first responders, dispatchers, and those who had direct exposure to the traumatic event. Support personnel includes those employees who may have been on the scene but did not have direct exposure to the event (i.e. scene security, outlying responsibilities etc.).
Additional debriefings or individual meetings with the mental health professional will be offered on an optional basis. Individual consultation may be required by the Chief of Police depending on the circumstances prior to return to full duty. Two debriefings will be scheduled in the case of line of duty deaths.

EMS personnel, Supervisory officers, and medical control authorities are responsible for identifying, recognizing significant incidents that may require debriefing, and requesting a debriefing. However, anyone can request team activation for a debriefing or recommend a referral for further psychological counseling. To activate a debriefing, the request will be made to a member of the command staff. The notification will be made to the Patrol Captain first, if unavailable notify the Investigative Services Captain, and finally the Support Services Captain or

the Chief. Notification is necessary to only one member of the command staff. Command staff will make the request with the team leader for a debriefing and a scheduled time and location will be provided to those who will attend.

No record is made of anything said at a debriefing, defusing, or any other portion of the C.I.S.M program. No information goes into any personnel files. All information obtained as a part of the C.I.S.M. program and contacts between the employee and the C.I.S.M. team members or any psychological unit will be strictly confidential. Exceptions to this confidentiality rule are as follows:

a. The individual is homicidal or suicidal;

b. The individual is a danger to themselves or others;

c. The individual has committed child abuse;

d. The individual has committed or is going to commit a felony crime.

Personnel involved in traumatic or potentially traumatic incidents may be placed on leave with pay / Administrative Leave or light duty assignments at the discretion of the Chief of Police. Administrative Leave and/or light duty will be authorized in conjunction with other support available to the officer. Officers will be required to speak with the Department approved psychologist prior to being released from Administrative Leave / light duty. Any follow-up visits will be determined by the Department psychologist.

There are five types of Critical Incident Stress Debriefings, they are:

a. On-Scene Debriefing:

1. For major or prolonged incidents, CISM Team members will respond to the scene upon request and will function as observers and advisors to watch for the development of acute stress reactions in emergency personnel. They will offer encouragement and support, check on the wellbeing of personnel, and allow for ventilation of feelings and reactions when needed;

b. Initial Defusing:

1. This will generally take place within a few hours of the incident and may be provided by peers, chaplains, mental health professionals, team members, etc., at times when there is no designated leader. This is an informal process and encourages an open, free expression of feelings without a critique of the incident or personnel responses;

c. Formal Debriefing:

1. This debriefing will be led by a qualified mental health professional from the CISM Team and will be held approximately 24-72 hours, and/or at anytime after the conclusion of the incident whenever possible. This debriefing will follow the seven-step process endorsed by the American Critical Incident Stress Foundation;

d. Follow-up Debriefing:

1. May be performed several weeks or even months after a critical incident, when there is need for follow-up. The main purpose of a follow-up debriefing is to resolve issues or problems which were not resolved in earlier sessions. It may be performed with the entire original group or a portion of that group;

e. Individual Consultation:

1. One-to-one counseling for any concerns related to an incident. Requires a referral to a mental health professional.

784. EMPLOYEE ASSISTANCE PROGRAM / REFERRAL PROGRAM

The Employee Assistance program is established to assist employees in dealing with problems that are the result of domestic, financial, health, other personal problems, or job related difficulties, and to enable the employee to recognize and resolve the unfavorable reactions to that emotion or stress. Referrals may occur as follow:

a. An employee may personally contact the Employee Assistance program. Information for the EAP will be kept on the Employee Bulletin Board, in the Administrative Assistants office next to the Chief of Police, and in the shared drive on the network.

b. A phone call to "Safe Call Now" can be made by anyone at anytime. This service is staffed 24/7 in order to provide resources and referrals to employees. This information will also be kept on the Employee Bulletin Board, in the Administrative Assistant office next to the Chief of Police and in the shared drive on the network.

c. A family member or associate of the employee may make a referral, in which case, also, the employee's participation is voluntary.

d. Department trained Peer Counselors are available for anyone wanting help with activating any portion of this program or providing information. A list of department trained peer counselors is available on the Employee Bulletin Board, departments shared network (K;drive PDShare\Dept Info\CISM)) or from any of the Bureau Heads.

Referrals shall not be used a disciplinary sanction. The program is confidential.

Victim Services Assistance – Emotional Support for Office Staff and Family

The Victim Services Unit will utilize their skills to respond to Great Falls Police Department personnel or immediate family who are in need of emotional support. This contact will be short term and limited to issues such as illness, severe injury or death in the family. This contact may be requested by the employee's supervisor, the employee himself/herself, or the employee's peers. During regular business hours, requests should be made to the Victim Services Unit Coordinator who will assign contact to a unit advocate. All after hours emergency requests shall be made through Dispatch to the appropriate advocate on-call. Advocates shall offer crisis intervention and referrals as needed. Sympathy cards and attendance at funeral services are other ways the Victim Services Unit can offer support.

Professional Counseling

Under certain circumstances, a staff member at the Command level may direct an employee to contact the Great Falls Police Department psychologist for professional counseling. Recognizing the sensitivity and confidential nature of this service, the employee's records relative to it shall be under the strict control of the psychologist. These costs are incurred by the City of Great Falls. It will be the responsibility of the departmental psychologist to make a determination of the officer's fitness for duty.

Mental Wellness Program

At times during an employee's career, circumstances may be such that they need an outside professional's assistance to deal with problems, stressors, or other personal matters. The Great Falls Police Department has made arrangements with local licensed psychologists to provide such services. In order to ensure employees are receiving the necessary help, it is highly encouraged for employees to utilize this service.

An officer wishing assistance should make an appointment with the psychologist and identify the agency affiliation. This will ensure a timely appointment for the officer. All contacts with the psychologist are confidential. No record as to who uses the service will be made available to the Great Falls Police Department. The exception to confidentiality is if the (individual) is a danger to themselves or others, or if the individual wishes contact made with the Department.

The counseling expense incurred by the officer shall be submitted to the providing health care company. The Employee Assistance Program (EAP) is also available and can reduce the costs of treatment. The details of coverage costs and plans change from year to year and depend on contractual agreements. For specific guidance and details, the City of Great Falls Human Resource Office should be consulted.

At times, individuals may wish to consult other licensed professional workers (psychiatrist, psychologist, social worker) other than those covered by the EAP Additionally, if the number of

visits by the individual exceeds the amount allocated by the EAP, the remaining fees, after insurance payment, is the responsibility of the officer, unless authorized by the Chief of Police.