



FWS Critical Incident Stress Management Handbook

U.S. Fish & Wildlife
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FWS Critical Incident Stress Management Handbook

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1. OVERVIEW

1.1 What is the purpose of this handbook?

The purpose of this handbook is to provide direction for the operation of the U.S. Fish and Wildlife Service (Service) Critical Incident Stress Management (CISM) program. This program has been established to respond to the needs of employees in a compassionate, sensitive, helpful manner if they are undergoing ongoing stress, in the event of a serious injury or death of an employee, or for work-related situations that may have caused serious physical or emotional trauma. The program is also available to employees who have experienced a traumatic event off duty, and may sometimes be made available to the family of employees. The Service's [Line-of-Duty Death Handbook](#) should also be consulted in situations related to deaths.

Through this CISM program, we intend to help employees deal with the impacts of stress, critical incident stress, and a variety of mental health issues in a caring and professional manner by providing assistance to them and their family members.

The Service recognizes stress and critical incident stress as a potential hazard for our employees. Any employee can be subjected to the effects of critical incident stress as well as stress that accumulates over time from events that take place at work or at home. In addition, employees engaged in firefighting, law enforcement, or other emergency services or events may be more susceptible to these hazards by the very nature of their duties and experiences.

Stress can lead to physical and mental health issues that can negatively impact worker productivity and employee quality of life. Left unaddressed, these issues can worsen and can lead to missed work, damaged employee relationships, and loss of life from poor health and even suicide.

The Service intends to de-stigmatize mental health issues, make it easier for employees to recognize these issues in themselves and others, and encourage them to seek further care when necessary. This program will serve as a peer-based supplement to the Employee Assistance Program (EAP). This program does not replace professional counseling or mental health services offered by EAP.

This program will address the threat suicide poses to our employees by making suicide awareness and prevention training readily accessible and, in some instances, mandatory.

1.2 What is the scope of this handbook? This handbook applies to all Service employees.

1.3 What is the objective of this handbook? Our objective is to provide a mental health wellness program that may help to ensure a better quality of life for our employees.

1.4 Definitions. Following are definitions of the terms we use frequently in this handbook:

- **Critical Incident:** A traumatic event or perceived event that is powerful enough to overwhelm an individual's usually effective ability to cope. When the stressor becomes extreme or severe, it often produces a heightened state of cognitive, physical, emotional, or behavioral reaction.
- **Critical Incident Stress Management (CISM):** A comprehensive program designed to help individuals cope with their exposure to traumatic events. Trained peer support personnel assess employees' levels of dysfunction, supply information that helps "normalize" symptoms/reactions, teach simple coping techniques to some, and identify those that may need additional psychological care and assist them in finding it.
- **Peer Support Member (PSM):** A Service employee who is trained in CISM and the basic techniques of crisis intervention. They must receive training from a recognized, accredited institution or mental health professional (see section 2 of this handbook for more information on training). PSMs are trained to assist employees by listening and providing support in a confidential and non-judgmental manner. PSMs are also trained in positive stress management and can help others validate their thoughts and emotions about overwhelming incidents or traumas. We may select PSMs from any Service discipline.
- **Mental Health Professional (MHP):** A culturally competent Psychologist, Psychiatrist, or Licensed Social Worker with experience in law enforcement and firefighter trauma. The Service may contract for critical incident mental health professionals on an as-needed basis if they are not available through the EAP.

- **Suicide Awareness/Prevention:** A curriculum of training designed to bring attention to the risk factors for suicide and to give employees skills to help them identify and mitigate these risk factors in themselves and their co-workers. This curriculum is based on best practice standards set by such entities as the International Critical Incident Stress Foundation (ICISF), the EAP, the Concerns of Police Survivors (C.O.P.S.), and others.

2. PEER SUPPORT

2.1 Overview

Through a peer-based system, the Service seeks to offer employees the opportunity to meet with a trained peer who can provide support and assistance in developing a plan to deal with job-related critical incidents and in problem solving personal issues before they become chronic and debilitating.

The Service will respond to critical incidents at the request of Regional/Headquarters offices, and in collaboration with the EAP. PSMs recognize the signs of adverse reactions to traumatic events that have the potential to reduce an employee's level of functioning. PSMs will respond in a manner that can facilitate healthy assimilation and recovery.

The Service is establishing a network of trained PSMs available to all employees and, in some instances, their family members to address personal issues or stressors. Employees are often more inclined to reach out to a peer for help than to seek assistance from a mental health professional. By offering employees information and support, the employee is better able to make healthy decisions. While the PSM may offer information, support, and guidance, it is ultimately the employee's responsibility to make the problem solving decisions. PSMs DO NOT solve other peoples' problems and DO NOT represent the affected employee in any capacity (i.e., for disciplinary or administrative actions).

PSMs do not provide "fit for duty" evaluations. This is a task for a mental health professional, and a function of the Division of Human Capital and the Department of the Interior's (Department) Medical Standards Program.

2.2 Confidentiality

Information that employees share with PSMs is private and confidential. It is confined to their interactions with the PSM only, and should not be revealed to any outside party without the expressed written consent of the employee. Confidentiality is critical to the program.

PSMs are bound by professional ethics to maintain confidentiality. PSMs may not discuss anything they learn while acting in a peer support capacity and cannot be required by management to divulge information obtained in a peer support setting except as mandated by Federal and state law. Trained PSMs are not licensed counselors or therapists. PSMs who inappropriately disclose confidential information may be removed from the program and could face disciplinary action.

There are limits or exceptions to the PSMs' confidentiality¹. Examples include:

- When the employee is likely to cause harm to him/herself or to others:

In this instance, PSMs waive confidentiality and notify appropriate mental health or

¹ PSMs are trained to advise employees of these conditions prior to beginning peer support services.

emergency personnel (see reference to Responder 911 in Section 4.4) and stay with the employee until help arrives. Once the affected employee is in the care of a mental health professional (MHP), facility, or other agency, further notification of family or the Service (if deemed necessary) is the responsibility of the MHP, facility, or agency in question.

- When the employee discloses serious criminal activity or policy violations that jeopardize health and/or safety. In this case, the PSM must contact the Professional Responsibility Unit (PRU) (see [441 FW 5](#)).
- When the PSM suspects or finds out that child, elder, or spouse abuse has occurred. Some states have special reporting requirements for abuse situations.

The PSM must notify the National Coordinator if he/she contacts the EAP for potential confidentiality disclosure.

The National Coordinator must investigate violations of confidentiality, which could result in the PSM being removed from the program. The final decision about removing a PSM rests with the Chief, National Wildlife Refuge System (NWRS). Breaches of this type may also fall under the purview of a PRU investigation (see [Exhibit 2, 441 FW 5](#), Category 2 - (P) *Willful or negligent violation of security regulations or practices (e.g., **release of sensitive information** outside the agency)*).

2.3 Selection and Training

Selection:

- **National Coordinator:** The Chief, NWRS, through the Division of Refuge Law Enforcement (DRLE), selects the National Coordinator. The National Coordinator must be a Headquarters DRLE employee who has advanced CISM training and experience in working on and managing national CISM deployments.
- **Regional Coordinator:** The National Coordinator works with the Regional Refuge Chiefs, in consultation with the Regional Directors, or their designees, to select Regional CISM Coordinators. These Coordinators should have advanced CISM training and have experience responding to CISM deployments.
- **Peer Support Member:** PSMs can be from any job classification in the Service. We recommend that PSMs be recruited from each Service program. Participation is voluntary.
 - If an employee is interested in serving as a PSM, he/she must discuss it with his/her immediate supervisor and get the supervisor's approval. We recognize that some employees and some positions are not suited for this type of service. The employee's service as a PSM should not negatively impact the mission of his/her duty station. The employee should complete a PSM application (see [Attachment](#) to this handbook) and send it through the chain of command to the Regional Coordinator (or for Headquarters employees, to the National Coordinator).
 - The Regional Coordinator and/or the National Coordinator will talk to the employee's supervisor about the employee's willingness to serve and about how

that service could affect the employee's work or the mission of the duty station. The appropriate Coordinator (or both) will interview the employee either over the phone or in person.

- The National CISM Coordinator has final approval authority in the selection process.

Training

• Basic Training:

The CISM program is based on the established principles of the International Critical Incident Stress Foundation (ICISF). All PSMs who participate in the program must, at a minimum, receive:

- ICISF's "Assisting Individuals in Crisis and Group Crisis Intervention" 24-hour class provided by an ICISF-approved instructor;
- 8 hours of suicide awareness/prevention training;
- 8 hours of additional CISM training focused on family liaison work, death notification, stress management, and resiliency; and
- Basic Incident Command System (ICS) training in case there is a call-out under an ICS emergency.

• Refresher Training:

- PSMs must receive a minimum of 8 hours of training annually. It may be online or in-person. Every 3 years, PSMs must complete a 24-hour instructor-led recertification course, which covers their 8-hour requirement for that year.
- The National Coordinator will determine the appropriate recertification training.
- National and Regional Coordinators will meet annually to discuss training, handbook revisions and development, and CISM team deployment issues.

• Advanced Training:

The National Coordinator must compile recommendations of advanced training that PSMs should take throughout their participation in the program. They may receive on-going advanced CISM training at the discretion of the National Coordinator and their supervisors.

• Documentation of Training:

The National Coordinator must maintain a database that documents the training/certification of all PSMs.

2.4 Services and Notifications

Peer support services are provided to employees as follows:

- Employees seeking assistance need only call one of the designated PSMs directly or send an email to peersupport@fws.gov. The National and Regional Coordinators will make updated lists of PSM contact information available to all employees either on the internet or through email. No authorization is required, and no record will be kept of the contact other than statistical data.
- Co-workers or supervisors may reach out to a PSM on behalf of a co-worker they feel might be having some stress-related issues, and request that the PSM reach out to that employee and offer assistance.
- PSMs may be activated as part of a CISM team (see Section 3).
- If an employee(s) is exposed to or involved in a critical incident as defined in [054 FW 1](#), Serious Incident Notification Procedures, and [442 FW 6](#), Management of Officer-Involved Critical Incidents, the Serious Incident Report (SIR) Duty Officer will notify the National Coordinator to ensure that the employees involved get any support services they may require. The National Coordinator will determine the scope of the peer/CISM response required (see Section 3).
- Supervisors of employees who are the subject of, or involved in, internal investigations or adverse administrative actions must make them aware of all the mental wellness resources available to them, including the EAP and this CISM program.
- PSMs need to be aware of the potential for dual relationships or conflicts of interest. The PSM should contact the National Coordinator before or during consultation if this is a concern.
- A PSM should initiate contact as soon as possible, reasonable, and convenient with the employee after being notified by a co-worker or supervisor of a consultation request. The PSM should not disclose who referred the employee for consultation.

These services are entirely voluntary and confidential. PSMs may be contacted after normal business hours. Because this is a voluntary program, overtime may be available for services rendered outside of a normal tour of duty, at the discretion of the Regional or National Coordinators.

3. CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

3.1 Overview

A critical incident is a traumatic event or perceived event that is powerful enough to overwhelm an individual's usually effective ability to cope. When the stressor becomes extreme or severe, it often produces a heightened state of cognitive, physical, emotional, or behavioral reaction (see Table 3-1). Because critical incidents can occur at any time or place, all Service employees are at risk of experiencing the effects of severe or overwhelming stress. This risk is greater for Service law enforcement, fire, and emergency services personnel who are regularly exposed to duties and events of a dangerous or traumatic nature.

Table 3-1: Examples of Critical Incidents

<ul style="list-style-type: none"> • Line-of-duty death • Serious injuries 	<ul style="list-style-type: none"> • Negative media events • Death of a co-worker in the line of
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Table 3-1: Examples of Critical Incidents

<ul style="list-style-type: none">• Death or injury involving children• Events causing mass casualties• Direct contact with dead or dying people• Natural disasters	<ul style="list-style-type: none">• duty• Officer-involved shootings• Divorce• Suicide• Extended search and rescue operations
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CISM intervention is a comprehensive program designed to help individuals cope with their exposure to traumatic events. The concept of a CISM program embraces the tenets of crisis theory, which states that after exposure to a traumatic event: 1) people may need additional coping skills to deal with the event, and 2) people are usually open to acquiring new skills after being exposed to critical incidents. Critical incidents that directly involve or directly impact the workplace need to be addressed immediately. The level of trauma can range from a low to a very high level. Despite the level of trauma, productivity may be affected in some way.

Critical incidents produce a characteristic set of psychological and physiological reactions (see Table 3-2 for a list of some, but not all symptoms).

Table 3-2: Examples of Symptoms Related to Critical Incidents

<ul style="list-style-type: none">• Difficulty concentrating• Sleep disturbances• Excessive fatigue• Irritability• Nightmares• Increase use of drugs and alcohol	<ul style="list-style-type: none">• Withdrawal from others• Headaches• Gastrointestinal problems• Depression or anxiety, or both• Feeling overwhelmed• Suicidal thoughts• Poor workplace performance
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3.2 National Structure and Coordination

Structure:

- **National Coordinator:**

The CISM program is managed through the NWRS, Division of Refuge Law Enforcement (DRLE). Under the Deputy Chief, DRLE, the National Coordinator handles the daily operation and coordination of the CISM program. The National Coordinator acts as a liaison for the Service to other agencies and the Department of the Interior's (Department) CISM programs. The National Coordinator will maintain an on-call roster for available PSMs and coordinate deployments of resources within the Service and between Departmental bureaus.

- **Regional Coordinators:**

The Regional Coordinators work with the National Coordinator and Regional Refuge Law Enforcement Chiefs to oversee the CISM program at the Regional level. They maintain contact information and training records for the PSMs in their Regions, and they may oversee local/Regional CISM events. Regional Coordinators recommend PSM candidates and assist the National CISM Coordinator with review and approval of PSM applications.

- **CISM Teams:**

Teams may be formed on a Regional or national level. The Coordinator responsible for the activation will designate a team leader. The team leader will create assignments for the team based on the incident. CISM teams can include PSMs, MHPs, chaplains, or other Service support personnel, such as a family liaison during a line-of-duty death.

Inter-Agency Coordination:

Department of the Interior Bureaus:

The National Coordinator will continue to work with other bureaus' CISM programs to pursue inter-bureau cooperation and coordination. On a case-by-case basis, the National Coordinator may authorize Service PSMs to assist other bureaus with CISM-related events.

Unless other arrangements are made between the Service and the other bureau that a PSM is called on to assist, the Chief, NWRS, or his/her designee, may authorize the payment of associated travel and overtime expenses. The home duty station will pay the base salary unless specifically authorized otherwise.

Other Agencies:

As with any specialized training, CISM skills are perishable if not used regularly. To maintain a cadre of well-trained CISM professionals, PSMs should be allowed to work with CISM providers/teams from other jurisdictions and agencies. However, coverage of any costs associated with these activities will be at the discretion of the Chief, NWRS, or his/her designee, through the National Coordinator. PSMs should also be mindful that not all CISM teams operate under the ICISF or "Mitchell Model" of CISM that the Service uses, so the tactics and procedures they learn with other agencies may not be applicable in a Service or Department of the Interior CISM setting.

3.3 Operations

A. Components of a Comprehensive CISM Program:

A comprehensive CISM program is multi-faceted. Pre-incident prevention and stress education are essential, as well as access to the CISM team when emergencies arise. The components of the CISM program include, but are not limited to:

- 1. Preventative and pre-incident education:** Service-trained PSMs and EAP staff provide education and training about a variety of CISM and mental health topics aimed at improving the emotional preparedness and resiliency of Service employees.
- 2. On-scene support:** This includes a range of support services provided by a Service CISM team or individual CISM team members during a call-out. This may or may not include an MHP. Services could include group or individual sessions, assistance during a line-of-duty death (see the [Line-of-Duty Death Handbook](#) or [442 FW 6](#), Management of Officer-Involved Critical Incidents, for more information).
- 3. Crisis Management Briefing (CMB):** A CMB is a "town-hall" style group intervention. It is usually delivered within days or a week after an incident. In conjunction with an agency representative, team members provide information to the group. It is useful for conveying information, controlling rumors, and allowing the team to assess the condition of the group to determine which members may need further interventions.
- 4. Defusings:** This is a 3-phase group crisis intervention provided immediately or within 12 hours after a critical incident to mitigate the effects of the stressors and promote recovery of

affected personnel.

5. Debriefings: This is a 7-phase group crisis intervention, usually provided within 72 hours after a critical incident process to affected personnel to process their thoughts, reactions, and emotional and physical symptoms. Information and education on traumatic stress, stress response(s), and strategies for short- and long-term stress management are also provided.

6. Individual one-on-one contact: One-on-one individual assistance is provided if a group intervention is not possible or needed, or additional follow-up assistance is necessary.

7. Line-of-Duty Death Support: Family liaison support services are provided for families of employees killed in the line of duty (including employees on official travel). CISM team members can provide support services to affected Service personnel, including defusings, debriefings, individual crisis debriefings, or MHP referrals in compliance with the Service's [Line-of-Duty Death Handbook](#).

8. Referrals: Recommendations and instructions are provided to employees for access to additional support/treatment through the EAP, clergy, or MHPs. PSMs have been trained to know when they should make a referral to a higher level of care.

8. Follow-up: Team leaders or designated PSMs contact employees or supervisors a few days after team services, or later if appropriate, for a status check.

9. PSM Debriefings: CISM response operations may be traumatic or physically and mentally exhausting for CISM team members. To minimize potential negative impacts of a CISM team response, all CISM team members must be given the opportunity to debrief following CISM events. These debriefings can be conducted by PSMs not involved with the current CISM response, team leaders, Regional or National Coordinators, or EAP personnel.

10. Training: PSMs can provide training to groups, such as during a law enforcement in-service, on topics ranging from resiliency, stress management techniques, traumatic stress reactions, and suicide prevention.

11. Serious Accident Investigation Team (SAI): If the Director or his/her designee establishes an SAI to investigate a serious accident, the on-scene CISM team leader or other CISM lead should coordinate with the SAI team leader to help ensure that both activities are complementary and help to support the affected staff.

3.4 Activation of CISM services: CISM services can be activated in several ways:

A. Pre-Incident Training/Education: Managers/supervisors may contact their Regional Coordinator and request pre-incident training on CISM-related topics. Also, the National Coordinator and Regional Coordinators may offer these training courses periodically without a request from the field. Either on their own or in conjunction with the EAP, CISM/Peer personnel may offer programs on mental health-related topics like stress management and suicide prevention. The Deputy Chief, DRLE will determine on a case-by-case basis how the costs associated with these training courses will be covered.

B. Direct Peer Support Contact: The peer support component of the CISM program is an informal, confidential program intended to mitigate stress within the workplace. It is designed to

provide a support network of specially trained peer personnel willing to assist other employees (and their families) who may be experiencing personal or work-related stress. This support is not a substitute for professional mental health counseling. These services may be obtained in a few different ways:

- (1) Employees seeking assistance need only call one of the designated PSMs directly. No authorization is required, and no record will be kept of the contact other than statistical data.
- (2) Other employees or supervisors may reach out to a PSM on behalf of a co-worker who they feel might be having some stress-related issues, and request the PSM reach out to that employee and offer their assistance.
- (3) We set up an email box in case an employee is not familiar with peer support in their area. The email peersupport@fws.gov will be monitored by the National and Regional Coordinators.

In any circumstance, **services are entirely voluntary and confidential**. PSMs may be contacted after normal business hours. Overtime may be available for services rendered outside of a normal tour of duty. The PSM or the Regional Coordinator must contact the National Coordinator to determine if Headquarters will cover the overtime costs.

3.5 CISM/Peer Deployment: See Table 3-3.

A. Scope: The scope of a critical incident determines the size of the response necessary.

(1) Small, localized incidents that affect a very small number of people and are contained within an individual station may be handled by their local/Regional PSMs if they have trained resources in the area. Individual managers and employees may contact their Regional Coordinator or PSMs in the Region directly for stress education and assistance.

(2) Larger, more widespread incidents may require the Service to bring in CISM resources from other areas, Regions, or agencies.

(a) Managers at sites experiencing critical incidents that require a CISM response should contact their Regional Chief, DRLE. The Regional Chief DRLE, will advise the Regional Coordinator. The Regional Coordinator will assess the situation and, in consultation with the affected unit and the National Coordinator, may call for more CISM resources.

(b) If the National Coordinator becomes aware of a critical incident through the Service's Serious Incident Reporting system ([054 FW 1](#)), he/she will consult with the affected unit, the respective Regional Coordinator, and the Deputy Chief, DRLE to determine if National CISM resources are needed.

(c) In cases where there are not enough Service CISM resources available, or the location or other factors make it more feasible to use outside personnel, the National Coordinator will communicate with other bureau Coordinators to see if they can share CISM resources.

(d) Conversely, other bureaus' CISM resources may become overwhelmed or

encounter an incident where it is advantageous for them to bring in outside resources. In those cases, the Deputy Chief, DRLE may authorize the National Coordinator to provide those agencies with Service CISM resources.

B. Team size and structure:

The specific circumstances of each critical incident dictate the size and composition of the responding CISM team. Table 3-3 lists the responsibilities of CISM team members during a call-out:

Table 3-3: Team Member Responsibilities	
Team Members	Responsibilities:
A. National Coordinator	<ul style="list-style-type: none"> (1) Oversees team response on national call-outs. (2) Designates team leader on national call-outs. (3) Tracks and approves team spending. (4) Directs communication with the Deputy Chief, DRLE on all CISM team activities during deployment. (5) Tracks deployment of CISM and Peer Support Teams. (6) Organizes the annual Coordinators meeting with Regional Critical Incident Stress Coordinators. (7) Coordinates the initial peer support member training and refresher training. (8) Oversees the budget and administration of the program.
B. Regional Coordinators	<ul style="list-style-type: none"> (1) Oversee team response on Regional/local call-outs. (2) Designate team leaders on Regional/local call-outs. (3) Direct communication with National Coordinator and Regional Chiefs, DRLE (to ensure communication with Regional Directorate) on all CISM team activities during deployment.

Table 3-3: Team Member Responsibilities	
Team Members	Responsibilities:
C. Team Leaders	<p>(1) Direct communication with appropriate Coordinator on all CISM team activities during deployment.</p> <p>(2) Communicate with the deployed team or incident management leadership for the assigned incident.</p> <p>(3) Track team member travel to, from, and during an assignment.</p> <p>(4) Organize the CISM team field response and assign daily roles and responsibilities for team members.</p> <p>(5) Debrief PSMs.</p> <p>(6) Track outreach and follow-up from those affected by the incident as well as the team members, and complete the after action report and PSM review.</p>
D. Team Members	<p>(1) Maintain communication with team leader and other team members.</p> <p>(2) Initiate contact with affected personnel.</p> <p>(3) Perform crisis intervention as part of defusings, debriefings, individual crisis debriefings, or other services as directed by the team leader or dictated by the situation.</p> <p>(4) Notify team leader of CISM contacts during an incident. Names are not taken, but numbers are recorded.</p> <p>(5) Provide crisis intervention and services in strict accordance with their training and scope of responsibility.</p> <p>(6) Make MHP referrals as needed.</p>

3.6 Reporting and Funding

Reporting:

All reports or notes that program employees (e.g., PSMs) generate are for statistical/budgetary purposes only. Under no circumstances should they include the Personally Identifiable Information (PII) of any person. CISM program employees should record numbers of contacts and time (in hours) spent performing peer support.

Peer Support Members: All PSMs should track the numbers of individuals contacted in a peer support/CISM capacity per fiscal year. They should also track how many work hours they spend on related issues. They should send the numbers of peer/CISM contacts per fiscal year to their Regional Coordinator. When PSMs participate as part of a CISM team,

they will be asked to provide their numbers to their team leader, who will document contacts for that particular incident.

Team Leaders: Team leaders should track the total number of individuals their team provided CISM services to on an incident. They should send this number to the CISM Coordinator overseeing the incident.

Regional Coordinators: Regional Coordinators should compile numbers of individuals provided with peer support/CISM services and number of hours spent on related issues in their Regions. They should send this information to the National Coordinator and their Regional Chief, DRLE. The Coordinator should consider following up with outreach and thanks to employees who may have helped with managing incidents, but who aren't part of the overall program.

National Coordinator: The National Coordinator should compile peer support/CISM-related statistics from all the Regions to provide information on the program to the NWRS, Service, and Departmental senior management upon request. The Coordinator should consider following up with outreach and thanks to employees who may have helped with managing incidents, but who aren't part of the overall program.

Funding:

Headquarters NWRS will administer and oversee the program budget. NWRS will cover costs associated with administration, training, travel for deployment, deployments, and overtime. The PSM's duty station must continue to pay for his/her time by paying the base salary.

4. LAW ENFORCEMENT AND FIREFIGHTER MENTAL WELLNESS

4.1 Overview

A specific part of the Service's overall CISM program is the Law Enforcement and Firefighter Mental Wellness Program (LEFMWP). Its mission is to focus on the psychological health of our Law Enforcement officers/agents/inspectors and firefighters by ensuring that, from their entrance into the Service to their transition out of the Service, they and their families are provided the training, education, resources, and services necessary to sustain their mental health.

Objective:

The LEFMWP is available to all Service Law Enforcement officers, which include Federal Wildlife Officers (FWO), Special Agents (SA), Wildlife Inspectors, and Service Firefighters (FF).

We created this program to assist in maintaining the psychological health of our officers/firefighters throughout their careers. We do this by making their mental health and wellness a priority and elevating its importance to that of their physical safety. Intentionally reducing the stigma associated with seeking mental health services, effectively developing resiliency in our officers/firefighters through training, education, and support, and addressing mental health issues transparently are the overarching principles. The program provides our officers/firefighters a comprehensive approach to their mental well-being by using self-care training, peer support, referral systems, CISM, and family outreach. It also stresses and

encourages the use of annual mental wellness checks.

Oversight for the program is the responsibility of the CISM National Coordinator.

4.2 Training

The National Coordinator, in consultation with the DRLE Chief, Branch of Training; the Chief, Branch of Fire Services; and the Office of Law Enforcement (OLE) Special Agent in Charge (SAC) of Training and Inspection, will identify and develop training to be presented to officers/firefighters and determine the most effective venues for delivery of this training.

A. New hire:

All newly hired law enforcement and fire personnel must take 1 hour of training on law enforcement/Emergency Management System (EMS)-specific suicide prevention, stress management, and the components of the CISM program. These topics will be integrated into the academy level training.²

The National Coordinator will work with the DRLE Chief, Branch of Training; the Chief, Branch of Fire Services; and the OLE SAC of Training and Inspection to ensure that instruction on the components of the program are integrated into the various field training programs.

B. Incumbent:

All incumbent law enforcement and fire personnel must take at least 1 hour of training annually on law enforcement/EMS-specific suicide prevention, stress management, and the CISM program.

The National Coordinator will work with the DRLE Chief, Branch of Training; the Chief, Branch of Fire Services; and the OLE SAC of Training and Inspection to ensure that instruction on the components of the program are integrated into the various field training programs and Regional in-service training.

C. Supervisors:

All employees who supervise Service officers and/or firefighters must complete 1 hour of training annually on law enforcement/EMS-specific suicide prevention.

D. Family Resources:

The National Coordinator will assemble and maintain training materials to be offered to the families of law enforcement/fire personnel on the program, law enforcement (LE)/fire mental health risk factors, and suicide prevention.

4.3 Peer Support

The value of peer-based support is even more critical to employees in the emergency services. The unique working environments of the law enforcement and firefighting fields makes it difficult

² Such as the Federal Law Enforcement Training Center (FLETC), Special Agent Basic School (SABS), and Federal Wildlife Officer Basic Training (FWOBT).

for non-LE or non-fire PSMs to gain the trust necessary to allow officers/firefighters to be receptive to accepting their help.

In addition to the PSM guidelines in Section 2, the Service will ensure the following:

A. Each Headquarters program or Region will have sufficient numbers of PSMs from the FWO, OLE, and FF series available to the officers/firefighters in their areas of responsibility.

B. Following any type of critical or serious incident as defined in [054 FW 1](#) and [442 FW 6](#), the SIR Duty Officer will notify the National Coordinator, who will ensure the appropriate PSMs and/or CISM resources are put in touch with the affected officers/firefighters, and when appropriate, co-workers and family.

C. FWOs/SAs, as well as their supervisors, may become the subject of investigation by the PRU. These investigations can generate enormous amounts of stress for the involved parties. When an employee is the subject of a PRU investigation, he/she or his/her supervisor must be provided with the following:

1. Information on the mental health resources available to them (see section 4.4).
2. Access to an LE PSM³

4.4 Referrals

It is important that officers/firefighters have resources available to them that can address their unique mental health needs. The National Coordinator must identify suitable sources of these services, such as, but not limited to:

Nationwide Services:

Safe Call Now: 206-459-3020; a confidential, comprehensive, 24-hour crisis referral service for all public safety employees, and all emergency services personnel and their family members nationwide. www.safecallnow.org

National Suicide Prevention Lifeline: 800-273-TALK (8255); a confidential hotline that provides emotional support to anyone in suicidal crisis or emotional distress. www.suicidepreventionlifeline.org

Agencywide Services:

Peersupport@fws.gov; a confidential Service email designed to contact a PSM.

Responder 911: 888-918-3332; a confidential, anonymous service available to Department of the Interior officers/firefighters that provides access to a clinical psychologist who has special

³ Because of the conditions in 441 FW 5, Sec. 5.11 B(5) related to disclosure and confidentiality, LE PSMs must advise the officer to refrain from commenting on the details of any investigation, and to use the PSM only as a stress relief resource. Officers may find more relief speaking to an actual MHP who would have the protection of “privileged” conversation (see section 4.4 for referral information).

insights into the experiences of emergency services personnel.

Employee Assistance Program: 800-869-0276; a confidential counseling and consultation service for employees and their families. <http://www.espyr.com> (password: interioreap)

4.5 Annual Mental Wellness Checks

To reduce the risk of suicide and stress-related illness and to build a more emotionally resilient workforce, the Service encourages all officers/firefighters to participate in an annual mental wellness check.

By participating in this program, officers/firefighters are helping to improve their own mental and physical well-being, and they are helping to de-stigmatize mental health issues.

- These checks:
 - Are completely voluntary.
 - May be completed through a licensed MHP of their own choice. See section 4.4. for referral information.
 - Are completely confidential. No reports are made back to the Service (unless the officer/firefighter is deemed a danger to him/herself or another).
- Annual completion of this exam qualifies the officer/firefighter for an 8-hour time-off award. The employee must furnish proof of the exam with a signed receipt from the licensed MHP.
- Employees concerned about the effect an annual mental wellness check might have on their security clearance are reassured that a routine mental health visit is not grounds for losing one's clearance. The current (2018) version of SF-86, Questionnaire for National Security Positions, states in part:

*“Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.”*

5. MENTAL WELLNESS AWARENESS TRAINING

5.1 Overview

An important component of the CISM program is the identification and delivery of quality mental wellness training. The National Coordinator identifies training that covers the topics in sections 5.2 and 5.3, along with others, and that are consistent with industry best practices, as identified

by such agencies as the ICISF and the EAP. Such training may be in the form of instructor-led workshops or online, self-directed courses.

5.2 Suicide Awareness and Prevention

The National Coordinator, in consultation/coordination with the EAP, will identify annual suicide awareness/prevention training to present to all employees.

The National Coordinator will also identify suicide awareness training specifically geared toward Law Enforcement officers and firefighters in consultation with the Chief, Branch of Training, DRLE; the Chief, Branch of Fire Services; and the OLE SAC of Training and Inspection (see section 4.).

The National Coordinator will also work with the Director, National Conservation Training Center (NCTC), or his/her designee, to identify and offer appropriate suicide prevention and awareness training.

5.3 Critical Incident Pre-Incident and Stress Management Training

The National and Regional Coordinators will work together to provide field stations with quality pre-incident training on preparing for critical incidents, general stress management, and the overall mental wellness program.

6. REFERENCES

National Park Service (NPS) LE Mental Health Program - June 2017.

U.S. Customs and Border Patrol National Peer Support Program Policy - February 2006.

Federal Law Enforcement Training Center CISM Program Peer Support Manual - July 2014.

International Association of Chiefs of Police (IACP) National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicides - 2014.

Establishing and Maintaining Peer Support Programs in the Workplace, 3rd Ed.; Robinson, Robyn and Murdoch, Patricia; 2003.

International Critical Incident Stress Foundation (icisf.org), see training course descriptions.

www.BadgeofLife.com

Most out-of-Region or national call-outs average 3 or 4 days, though occasionally a call-out can extend to 14 days. Though the majority of Peer Support Members will serve only within their Region and are not called out for national responses, it is best if you are able to make a commitment to 1 out-of-area call-out annually.

8. Will you be available for national call-outs? _____

9. Will you be available for in-Region calls? _____

_____ Date: _____

Applicant's Signature

SUPERVISORY COMMITMENT LETTER

Memorandum

To: Critical Incident Stress Regional (or "National" for those at Headquarters) Program Coordinator

From: Supervisor's name and title

Re: _____

Employee's Name

Subject: Availability for Peer Support Assignments Following Completion of Critical Incident Stress Management (CISM) Group Crisis Intervention and Family Liaison Courses

This is to notify you that the above employee:

1. _____ has my commitment to be an active member of the U.S. Fish and Wildlife Service's Critical Incident Stress Management (CISM) program after he/she successfully completes the Group Crisis Intervention and Family Liaison Courses training program and receives the recommendation of the course coordinator. I will review this commitment annually during the employee's performance appraisal and will notify your office immediately of any changes in employee status.

I understand that out-of-area/Regional call-outs will be limited, and that travel costs associated with call-outs will be borne by the Headquarters National Wildlife Refuge System (NWRS) program, or the unit requesting assistance. In most cases, however, I understand that the peer support team member's home station will continue to cover "Base 8" salary.

You may directly contact the employee to establish availability. The employee will then be responsible for following the established station chain-of-command requirements for call-out approval.

2. _____ due to limited station resources, will only be available for local or Regional CISM peer support duties.

Supervisor Signature

Date

Print Name

Work Number