

# CISM TEAM REGISTRY PACKET



## General Instructions:

This packet is to be completed by the team's clinical director and the senior coordinator. Please fill out all forms, sign and date in designated areas and supply copies of all required documentation.

Please forward only completed registry packets (including documentation) to:

**INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION, INC.**  
**Suite 106**  
**3290 Pine Orchard Lane**  
**ELLICOTT CITY, MARYLAND 21042-2242**

Telephone: 410-750-9600 Fax: 410-750-9601  
Web Site: [www.icisf.org](http://www.icisf.org) E-Mail: [icisf@icisf.org](mailto:icisf@icisf.org)

*Rev. 08/06*

## I. SPONSORSHIP

The sponsoring agency must be a legally constituted entity instituted and conducted pursuant to the laws of all relevant Jurisdictions.

A list of categories of sponsorship is shown below and repeated in the application for team registration with the International Critical Incident Stress Foundation, Inc. Only the most applicable category should be chosen. If "other" is chosen, a description of the category must be provided.

*Select only one category:*

1. Public safety agency of federal, state or local jurisdiction (fire department, law enforcement agency, emergency medical services organization, communications center, corrections department, ski patrol, lifeguard services, park service, specialized rescue services).

2. Public / Community service institution or organization other than public safety (community mental health center, county or municipal hospital, Red Cross, United Way program).

3. Professional society / association (medical society, psychological society or association, fire chiefs association, police chiefs association, professional nurses association, search and rescue organization, etc.).

4. Business or industry.

5. State government (office of emergency management, governor's office, health department, education department, prison systems, parks and recreation, forestry departments, natural resources, etc.).

6. County / City agency other than public safety (personnel department, commissioner's office, port authority, airport, school system, etc.).

7. Federal government agency / organization other than public safety (Army, Air Force, Marine Corps, Navy, Coast Guard, Customs, Immigration, transportation, aviation, communication, etc.).

8. Self-sponsorship. (incorporated team not under the sponsorship of any other organization or agency: private hospitals, colleges and universities, churches).

9. Union (business, industrial, public safety, hospital, etc.).

10. Other (describe) \_\_\_\_\_

*Please attach a letter from the sponsoring agency or organization verifying its sponsorship of the CISM team. The verification letter should be signed by a senior officer of the organization.*

## II. MISSION STATEMENT

Please provide a copy of your team's mission statement, by laws and/or charter which indicates each of the following:

1. PURPOSE
2. TYPES OF POPULATIONS SERVED
3. WHETHER SERVICES ARE PROVIDED PRO BONO OR FEE-FOR-SERVICE
4. CORPORATION STATUS (NON-PROFIT, FOR PROFIT, NOT INCORPORATED, ETC.)

Additional supporting information is welcome in addition to the specific requests outlined above.

## III. ADMINISTRATION AND GOVERNANCE

Please provide a written copy of your team's operating protocols and procedures (and, if possible, a disk copy using Word or compatible program), which describes how the team is administered and governed. Include at least the following items in the administration and governance documents:

Check here if ICISF may use your protocols and procedures, marked as samples, with credit given to team.

1. An organizational chart of the team.
2. Definition of team leadership qualifications.
3. Descriptions of the roles and responsibilities of the leaders of the team.
4. Definition of qualifications, roles and responsibilities of other members of the team.
5. A description of the usual services provided by the team.
6. A delineation of mechanisms for supervision of team activities.
7. Minimum requirements for maintaining individual membership on the team. Minimal requirements for continuing education should be included.
8. A delineation of mechanisms for the removal of team members who do not comply with the minimal standards for the provision of Critical Incident Stress Management services as described in this document and in the manual, Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services (3rd edition, 2001) Chevron Publishing Corporation, Ellicott City, Maryland by J. T. Mitchell and G. S. Everly.

## IV. TEAM MEMBERSHIP

Please provide the following documents:

1. A copy of the application form used by the team for team membership.
2. A written statement of compliance that the team accepts qualified applicants in a nondiscriminatory manner with regard to gender, race, religion, culture and ethnic or national origin.
3. Written entry-level qualifications for team membership.
4. List of team members and their qualifications for team membership. Addresses and phone numbers of team members should be included on the list.

## V. TEAM TRAINING QUALIFICATIONS

The team coordinator and the clinical director must confirm in a signed statement that **all** team members (including mental health professionals, clergy and peer support personnel) have completed, as a minimum, the "CISM: Group Crisis Intervention" training course, which fulfills the requirement for entry-level training as follows:

Completion of the two-day "CISM: Group Crisis Intervention" training course:

- A. Taught by Jeffrey T. Mitchell, Ph.D., or
- B. Sponsored by ACISF (1989-1992) / ICISF (1992-1994) or
- C. Endorsed by ACISF / ICISF (1989--August 1, 1994) or
- D. Taught by an instructor who has completed the ICISF "Train the Trainer" course for "CISM: Group Crisis Intervention" after January 1994. (A list of instructors who have completed this course and are therefore approved to teach the "CISM: Group Crisis Intervention" course is maintained in ICISF headquarters.)
- E. Taught by an instructor whose program content is consistent with the "ICISF Model" (formerly Mitchell model) as described in the text, Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services (3rd edition, 2001) Chevron Publishing Corporation, Ellicott City, Maryland by J. T. Mitchell and G. S. Everly.\*

### \* NOTES:

1. It will be necessary to submit a detailed course outline of the training to be eligible for fulfillment of requirement "E".
2. Requirement "E" will only be acceptable for training courses completed prior to August 1, 1994. Therefore, in order for a basic program to qualify after August 1, 1994, it must satisfy training criteria A, B, C or D above.
3. A category of "associate team members" or "members in training" may be established for those persons in training who have not yet met the entry-level criteria but intend to do so. These individuals cannot not be considered active team members until they successfully complete a basic CISM training course that fulfills the criteria in A, B, C, D or E above. Associate team members should NOT provide intervention services such as on-scene support services, defusings, debriefings, demobilizations, individual consults, significant other support services, follow-up services and community support services until they are properly trained in CISM. Associate team members should receive their training within one year of entry into associate member status.

## **VI. FUNCTIONAL ADHERENCE TO THE "ICISF MODEL" (Formerly "Mitchell Model")**

The team leadership (clinical director and team coordinator) must provide signed, written confirmation (see page 9) that the team adheres to the CISD model and the CISM procedures described in the text, Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services (3rd edition, 2001) Chevron Publishing Corporation, Ellicott City, Maryland by J. T. Mitchell and G. S. Everly.

Considerations may, under some circumstances, be provided to teams functioning at a variance due to unique geographical, demographic, ethnic, religious, organizational or cultural demands. It is necessary, however, that a complete explanation of such a variance be provided. Additional written documentation describing the type of variance and a rationale for deviation from the standard should be included in the packet. Approval of variances from ICISF CISM standards will be made on a case-by-case basis. ICISF reserves the right to withhold or withdraw a team from the registry list if deviations from these standards are considered extreme, unreasonable, improper or potentially harmful.

## **VII. IN-SERVICE TRAINING**

A team must maintain documentation of ongoing in-service education / training offered to team members at least four times a year (or by some other acceptable timetable). Additional training courses beyond the minimal requirements in this section are highly recommended.

## **VIII. ETHICS**

The team leadership (the clinical director and the team coordinator) must provide a written statement of compliance with all relevant ethical and professional guidelines.

## **IX. REGISTRATION PERIOD**

Team registration is an active ongoing process. Because of the increased need to contact local teams for local, regional and national disasters; accurate and timely information is needed. Annual updates must be made to team information in order to retain "registered" status. Failure to comply with this annual requirement will result in submission of a new registration packet being required.

Registry packets are reviewed as received; team will be notified when packet is received and after review is completed. Allow several weeks for review process.

***ICISF CISM TEAM REGISTRATION IS NOT AN ENDORSEMENT OR ATTESTATION OF COMPETENCY, NOR IS IT A CERTIFICATION TO PRACTICE. NO OPERATIONS***

**RELATED TO ICISF (CONTRACTUAL OR FUNCTIONAL AFFILIATION) ARE EXPRESSED OR IMPLIED. THIS VOLUNTARY REGISTRATION REPRESENTS A RESOURCE GUIDE AND AS SUCH IS OFFERED AS A SERVICE TO THE CISM COMMUNITY WORLDWIDE. ICISF RESERVES THE RIGHT TO WITHHOLD REGISTRATION OR WITHDRAW A TEAM'S "REGISTERED" STATUS FOR LEGITIMATE REASONS, WHICH INCLUDE, BUT ARE NOT LIMITED TO, NON-COMPLIANCE WITH THE STANDARDS OUTLINED IN THIS REGISTRY PACKET, VIOLATIONS OF THE STANDARD PROTOCOLS AND PROCEDURES ADOPTED BY ICISF AND VIOLATIONS OF ETHICAL PRACTICES OR THE PERFORMANCE OF CRIMINAL ACTS.**

CHECKLIST (to assist those preparing the registry documentation):

- Letter attached from sponsoring agency.
- Complete mission statement enclosed in registration packet.
- Complete administration and governance policies and procedures included in registry packet.
- Complete documentation of team membership (list) and team member qualifications included in the registry packet.
- Complete documentation of team training qualifications (minimum training standards) included in the registry packet.
- Signed verifications of team member training and adherence to standard policies and procedures contained in the registry packet.
- Team policies and procedures included in the registry packet.

DETACH AND RETURN ALL OF THE *FOLLOWING PAGES* WITH SUPPORTING DOCUMENTATION FOR ICISF TEAM REGISTRATION.

**APPLICATION FOR CISM TEAM REGISTRATION**

---

Name of sponsoring agency (not the team itself)

---

Address

---

City

State/Province

Postal code

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
                  area code

-

\_\_\_\_\_ Extension

Organization's contact person familiar with CISM / CISD team:

---

Select only one category:

- 1. Public safety agency of federal, state or local jurisdiction (fire department, law enforcement agency, emergency medical services organization, communications center, corrections department, ski patrol, lifeguard services, park service, specialized rescue services).
- 2. Public / Community service institution or organization other than public safety (community mental health center, county or municipal hospital, Red Cross, United Way program).
- 3. Professional society / association (medical society, psychological society or association, fire chiefs association, police chiefs association professional nurses association, search and rescue organization, etc.).
- 4. Business or industry.
- 5. State government (office of emergency management, governor's office, health department, education department, prison systems, parks and recreation, forestry departments, natural resources, etc.).
- 6. County / City agency other than public safety (personnel department commissioner's office, port authority, airport, school system, etc.).
- 7. Federal government agency / organization other than public safety (Army, Air Force, Marine Corps, Navy, Coast Guard, customs, immigration, transportation, aviation, communications, etc.).
- 8. Self-sponsorship (incorporated team not under the sponsorship of any other organization or agency; private hospitals, colleges and universities, churches).
- 9. Union (business, industrial, public safety, hospital, etc.).
- 10. Other (describe).

---

TEAM NAME

---

MAILING ADDRESS

---

CITY

STATE / PROVINCE

POSTAL CODE

COUNTRY

EMERGENCY PHONE: (\_\_\_\_\_) \_\_\_\_\_

ROUTINE PHONE: (\_\_\_\_\_) \_\_\_\_\_

---

CLINICAL DIRECTOR AND DEGREE (PhD, MS, MA, MSW, MHC, etc.)

---

CLINICAL DIRECTOR'S ORGANIZATION

PHONE:(\_\_\_\_\_) \_\_\_\_\_

---

TEAM COORDINATOR

---

TEAM COORDINATOR'S ORGANIZATION

PHONE:(\_\_\_\_\_) \_\_\_\_\_

**NOTE:**

In addition to this form, please complete the accompanying four-page "Team Information Form" in its entirety and return to ICISF marked for the attention of the "Hotline Team Coordinator". The team will be contacted on an annual basis to update this information.

Thank you ☺

**VERIFICATION OF TEAM COMPLIANCE WITH MINIMUM TRAINING QUALIFICATIONS  
AND STANDARD CISM/CISD PROTOCOLS**

We the undersigned clinical director and team coordinator of the

\_\_\_\_\_ Team,

located in \_\_\_\_\_, do hereby attest and verify that this team requires all of its members to complete the minimum training standards outlined under Section V of the ICISF team registry packet. (That is, all members on the above named team have completed a minimum of a two-day basic CISM course that was taught, sponsored or endorsed by ICISF according to the criteria outlined in Section V of the ICISF CISM team registry packet.)

Furthermore, we attest and verify that this CISM team and its members adhere to the CISD models and CISM procedures described in the text, Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services (3rd edition, 2001) Chevron Publishing Corporation, Ellicott City, Maryland by J. T. Mitchell and G. S. Everly.

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_  
Clinical Director

\_\_\_\_\_ Date: \_\_\_\_\_  
Team Coordinator

# ICISF's CISM HOTLINE Team Information Form

(If you have any questions about the information requested contact the ICISF at  
3290 Pine Orchard Lane, Suite 106, Ellicott City MD 21042-2242 Phone 410-750-9600 Fax 410-750-9601)

## SECTION "A" ICISF CISM HOTLINE TEAM CONTACT INFORMATION

CISM Team / Program (complete Team Name and Team mailing address):

Team Name:

Address

City  State  ZIP  +  Country

County  Other counties served

**Emergency** contact telephone number(s) with contact person/agency:  
(For toll free numbers, specify if they are In-State or National access numbers)

	<u>Telephone Number</u>	<u>Person/Agency</u>
1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>

**Non-Emergency** contact telephone number(s) with contact person/agency:  
(For toll free numbers, specify if they are In-State or National access numbers)

	<u>Telephone Number</u>	<u>Person/Agency</u>
1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>

Fax Number:  Web Page/Internet Address:

Primary E-Mail Contact: Name:  E-mail address

Secondary E-Mail Contact: Name:  E-mail address

Team Coordinator: (Name with contact number[s])

Clinical Director: (Name with contact number[s])

Sponsoring Agency:

## SECTION "B"

1. Approximate number of Pre-Incident (Awareness/Orientation) education programs conducted during the period: (Date)  to (Date)  is

2. Approximate number of CISM responses for period above is

1:1 Interventions:  Defusings:  Debriefings:

Other (Specify):

(NOTE: The breakdown by type should add up to total responses)

---

---

### SECTION "C"

(A) Total number of Team Members (Mental Health and Peer):

(B) How many of the total number of your Team Members are Mental Health:

(C) How many of the total number of your Team Members are Peer:

(NOTE: The total number for line "B" and line "C" should equal the total for line "A")

(D) Number of Mental Health Personnel in each of the following categories. (NOTE: Only one classification per person, i.e. highest level attained. Total number for section "D" should equal the total for line "B".)

Doctorate Level:  Masters Level:  Other levels (Specify):

(E) Number of Peer Support Personnel on your team in each of the following categories. (NOTE: Only one classification per person. The total number for section "E" should equal the total for line "C")

1-Fire only:  2-Rescue only:   
3-EMS only:  4 - Law Enforcement only:   
5-Fire/Rescue/EMS:  6-Communications/Dispatch:   
7-Nurse:  8-Physician:   
9-Any Combination of two or more of categories 1 – 8:   
10-Other (Specify):

---

---

### SECTION "D"

This CISM Team/Organization follows the "ICISF Model" (formerly 'Mitchell Model') for interventions and team management structure as outlined in "Critical Incident Stress Debriefing: An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services and Disaster Workers" (Everly/Mitchell) and the "Critical Incident Stress Management: The Basic Course Workbook" (Everly/Mitchell).

Yes  No

---

---

### SECTION "E"

When evaluating your CISM Team mission and its target groups, how would you classify the population that you **primarily** serve?

Fire Service:  EMS:  Fire/Rescue/EMS:  Law Enforcement:  Hospital Staff:

All Emergency Services:  Airline:  School:  Private Industry:  Military:

Comprehensive Team (Emergency Services and Non-Emergency Services):

Other (Specify):

---

---

### SECTION "F"

ICISF has experienced, over the last twelve months, an increase in requests for CISM interventions, nationally and internationally, for agencies/individuals who do not use English as a primary language. To be more responsive to these requests, ICISF is developing a data base of teams who have members that are **fluent** in a foreign language. If you have members that are fluent in a second language, and may be willing to be a resource to ICISF (Phone consultation, On-Site intervention, etc.), please indicate the following:

<u>Language</u>	<u>Mental Health</u>	<u>Peer</u>	<u>Phone Consultation/May Travel (Indicate)</u>
-----------------	----------------------	-------------	---

---

---

### SECTION "G"

Over the last several years, the ICISF HOTLINE has been receiving a number of requests for interventions from individuals/agencies that are not Emergency Services based. Examples of these agencies are schools, banks, airlines, industry, business, civic organizations, etc. To assure that when these requests are received and CISM Team referral information is given to the caller, we only reference teams that would be willing to assist in an appropriate category. Please specify one of the following:

(A) Our CISM Team wants to be notified about incidents in our community or region called in to the ICISF HOTLINE **only involving emergency services**:

ie: Fire/EMS /Police/Communications/Medical Facility):

(B) Our CISM Team is willing to be notified about **all incidents** in our community or region called in to the ICISF HOTLINE that are emergency services based as well as those that are non-emergency services based:

*If "B" was chosen, place "X" after the appropriate statement:*

"B-1" Our CISM Team will attempt to **directly** assist the non-emergency service request on a case by case basis:

OR

"B-2" Our CISM Team will attempt to **indirectly** assist the non-emergency Service request, on a case by case basis, by identifying for the caller appropriate resources within our community or region:

---

---

### SECTION "H"

The current policy at ICISF has been **NOT** to release CISM Team data for general non-emergency purposes unless prior approval has been obtained from the team. Do you want ICISF to release your CISM Team data to any individual/agency that requests this information from ICISF? (Place "X" after appropriate answer)

YES  NO  Release information to other CISM teams only?  (Check only one box)

---

---

**NOTE: Information must be updated annually to maintain "current" team status.**

Information provided by:

Your Position/Title on Team:

Fax: #  Pager #

Contact Phone Number(s):

Date:

Other comments:

REV 071806

