# DEPARTMENT OF CORRECTIONS
## MONTANA STATE PRISON
### OPERATIONAL PROCEDURE

<table>
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<tr>
<th>Procedure:</th>
<th>MSP 3.2.16 POST TRAUMA RESPONSE</th>
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<td>Signature:</td>
<td>/s/ Lynn Guyer / Warden</td>
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## I. PURPOSE

All employees exposed to critical job-related incidents or crisis events shall be provided assistance through Post Trauma Response.

## II. DEFINITIONS

**Critical Incident** - is any situation that may cause participants and/or witnesses to experience unusually strong physical, psychological or emotional responses, having the potential to impair ability to function, either at the incident or later. Critical incidents include but are not limited to: death, serious injury or accident, discharge of a firearm/shooting, hostage taking, major disturbance/riot, serious offender provocation, suicide or serious attempt, assault, sexual assault/rape, natural disasters, blood/body fluid exposure, executions, or a use of deadly force.

**Critical Incident Furlough** - means paid work hours for an employee who is removed from the work site due to a critical incident normally not to exceed forty hours.

**Critical Incident Stress Management (CISM) Debriefing** - means specially structured meetings between persons directly involved in the critical incident and peer and mental health debriefing leaders. A CISM debriefing is concerned with the physical, emotional, and psychological reactions of individuals to the event in a systematic and non-threatening way in hopes of reducing the impact of the event. A debriefing is not an investigation and does not have any punitive possibilities related to the effectiveness of the system response to the incident and typically takes place within 14 days. CISM must occur prior to the Critical Incident Review (CIR).

**Critical Incident Stress Management (CISM) Team Leader** – a person trained in Peer Support, assigned by the Warden who coordinates and directs the CISM Team, and develops a specific plan for debriefing.

**Critical Incident Stress Management (CISM) Team Member** – an individual specially trained to provide critical incident stress management and response services.

**Critical Incident Trauma** - is any physical, psychological or emotional reaction to a critical incident or crisis event that hampers one's ability to function.

**Defusing** - is an informal meeting between a trained CISM Team member and affected employee(s) within hours of a critical incident. The purpose is to immediately assess the affected employee(s), provide tips on managing critical incident trauma, and allow employee(s) to talk
about the incident.

**Mental Health Professional** - is a licensed clinical social worker, licensed psychologist or other licensed professional counselor who is trained in the Critical Incident Trauma-debriefing model, and who has an understanding of, and experience with, both the role of a corrections employee and the Department.

**Supporter** - is an employee trained to provide peer support in the form of one-on-one discussions, defusing, debriefing and assistance a mental health professional in conducting a critical incident stress debriefing.

### III. PROCEDURES

#### A. General Requirements:

1. Services available to persons who have been subject to a critical incident may include but are not limited to the following:
   a. Support for staff victims and first responders;
   b. Support for staff families;
   c. Critical Incident Trauma response;
   d. Counseling through Employee Assistance Programs;
   e. Hostage rehabilitation, if applicable; and
   f. Assistance with benefit and insurance issues.

2. MSP shall maintain an Employee Assistance Program (EAP) to aid employees who experience long-term incident related trauma; and

3. Evaluation by the employee assistance provider or Department mental health staff, where applicable, will be mandatory for an employee involved in any of the following on-the-job incidents:
   a. Use of force that results in serious injury/death;
   b. Witnessing or involvement in any incident where serious injury or death occurs;
   c. Sexual assault;
   d. Serious injury due to an offender assault;
   e. Involvement in a shooting incident;
   f. Involvement in a hostage situation; and
   g. Other incidents the Warden or designee believes to have a potential for post trauma effects.

#### B. Activation:

1. In the event of a crisis event or critical incident, the Warden or Incident Commander must ensure that all involved employees are identified and that they attend a mandatory critical incident stress management session;

2. The following intervention techniques may be employed, all or in part, in a crisis event or critical incident:
   a. One-on-one peer support;
b. Defusing; and/or
   c. Critical incident stress management debriefing.

3. If a CISM team is needed the Incident Commander will notify the CISM Team Leader.

4. The Incident Commander will:
   a. Will notify the CISM Team Leader of the event;
   b. May relieve the affected employee(s) from assigned duties as soon as possible
      utilizing the Critical Incident Furlough. The employee may be assigned to duty status
      at home or to another work location. If assigned to duty status at home, the employee
      is required to comply with directions from supervisory staff regarding counseling or
      other help intervention. The Warden will decide when a Critical Incident Furlough
      will terminate after consulting with a designated mental health professional;
   c. May assign supporter(s) to be with the affected employee(s);
   d. May identify the affected employee(s) for mandatory defusing/debriefing;
   e. May determine the level of services to be activated; and/or
   f. May identify a defusing/debriefing site.

C. CISM Team Leader:

The Warden shall designate a CISM Team Leader who will:
1. Provide advice and counsel to the Commander and assist Post Trauma Services;
2. Maintain a peer support recall list of Critical Incident Stress Management trained staff;
3. Designate an area for briefings for the families of staff;
4. Designate an alternate CISM Team Leader in the event of unavailability;
5. Establish contact with the Command Center for briefing, implement the Emergency Post
   Orders for Post Trauma and arrange for logistical support for families of staff victims/first
   responders to include:
   a. Activate the emergency log;
   b. Identify and assign staff to serve as staff family liaison;
   c. Identify staff involvement;
   d. Assign staff to assist with transportation, lodging, child-care and any other special
      service coordination;
   e. Assign staff to redirect media inquiries to the Public Information Officer (PIO);
   f. Activate Critical Incident Stress Management Team members;
   g. Ensure referral to the Employee Assistance Program (EAP); and
   h. Ensure follow-up care is provided as recommended.
6. Assist in CISM Team selection; and
7. Arrange quarterly training for CISM Team members

D. Department Mental Health Professional Involvement:

In preparation for dealing with a crisis event or critical incident, designated mental health
professionals will:
1. Provide consultation and assistance in the development of the CISM operations;
2. Assist in determining CISM Team training needs and developing lesson plans and training
   modules;
3. Maintain a list of mental health referral resources;
4. Assist in quality assurance and other documentation useful for CISM research and program evaluation;
5. Ensure integrity of patient confidentiality regarding CISM;
6. Maintain a current phone list of all Department staff trained in CISM;
7. Maintain an on-call list of Department Mental Health Professionals; and
8. Make recommendations to Incident Commanders regarding critical incident furlough issues.

E. On-Site Supervisor/Commander:

In the event of a crisis event or critical incident, the on-site Supervisor/Commander will:
1. Whenever possible, remove the involved employee(s) from the area in which the event occurred; and
2. Complete an incident report documenting the removal of the involved employee(s) and the reason for the removal; and
3. Notify the CISM Team Leader.

IV. CLOSING

Questions concerning this policy should be directed to the MSP Warden.

V. ATTACHMENTS

None