

ILLINOIS STATE POLICE DIRECTIVE

PER-064, CRITICAL INCIDENT STRESS MANAGEMENT

RESCINDS: PER-064, 2023-148, revised 03-15-2023.	REVISED: 11-30-2023 2023-174
RELATED DOCUMENTS: OPS-002, OPS-046, PER-024, PER-025, PER-038	RELATED CALEA STANDARDS (6th Edition): 4.2.3, 22.1.4, 22.1.5, 22.1.7, 35.1.9

I. POLICY

The Illinois State Police (ISP) will provide critical incident stress management to minimize the damaging effects caused by stressful events, assisting emergency services personnel in their ability to cope effectively with their reactions to these events.

Historically, critical incident stress management was a system designed primarily for sworn and telecommunicator personnel because of the specific psychological debriefing model used. However, a debriefing/defusing will be provided to any code personnel directly involved in a work-related critical incident and will be conducted separately from emergency services personnel.

II. DEFINITIONS

II.A. Critical incident (sworn personnel/telecommunicator) - any work-related event with sufficient impact to produce significant physical, cognitive, emotional and/or behavioral reactions in emergency services personnel at the time of the incident or later having the potential to overwhelm the person's normal coping skills. These situations include, but are not limited to:

- II.A.1. Line-of-duty death
- II.A.2. Serious line-of-duty injury
- II.A.3. Assault and/or battery/sexual assault
- II.A.4. Suicide
- II.A.5. Officer-involved shootings/victim of shooting
- II.A.6. Officer-involved death/in-custody death
- II.A.7. Disarming/siege/hostage
- II.A.8. Disappearance/kidnapping
- II.A.9. Multi-casualty incident/disaster
- II.A.10. Traumatic event involving children
- II.A.11. Knowing the victim of an incident
- II.A.12. Natural disasters such as floods, earthquakes, and tornadoes
- II.A.13. Violent or aggressive attack from the public
- II.A.14. Any citizen's medical emergency (to include unknown medical issue, self-inflicted injury, or apparent drug overdose) ISP personnel encounter in the scope of their duties which results in the citizen's death or great bodily harm

II.B. Critical incident (code personnel) - any work-related event with sufficient impact to produce significant physical, cognitive, emotional and/or behavioral reactions in personnel at the time of the incident or later having the potential to overwhelm the persons normal coping skills. These situations include, but are not limited to:

- II.B.1. Events normally viewed as traumatic events

- II.B.2. Suicide
- II.B.3. Natural disasters such as floods, earthquakes, and tornadoes
- II.B.4. Being a victim/witness of a violent crime
- II.B.5. Witnessing a sudden death, e.g., heart attack, traffic crash, etc.
- II.C. Critical incident administrative leave - an approved service-connected leave of absence without loss of pay or benefits granted to an employee directly involved in a critical incident when the individual's work unit supervisor determines it is in the best interest of the employee and the Department. This definition applies to code personnel as well as sworn personnel.
- II.D. Critical Incident Stress Management (CISM) - programs and strategies designed to reduce the effects of stress in emergency services personnel (i.e., police, fire, emergency medical services (EMS), telecommunicators, etc.) and to assist them in managing and recovering from significant stress in their work.

The three main strategies are:

 - II.D.1. Demobilization - a brief intervention immediately after a disaster or major incident that provides a transition period from the major incident back to the normal work routine.
 - II.D.1.a. Demobilization is reserved for large-scale events that are on-going (usually more than eight hours).
 - II.D.1.b. Demobilization usually lasts approximately 30 minutes.
 - II.D.2. Defusing - a small group process that is led by specially trained mental health professionals and peer support personnel and instituted after any traumatic event powerful enough to overwhelm the coping mechanisms of the personnel exposed to it.
 - II.D.2.a. A defusing is usually held within one to four hours after the event and lasts 30 to 45 minutes.
 - II.D.2.b. A defusing must be held within 12 hours of the event.
 - II.D.2.c. If a defusing is not held within 12 hours, a formal debriefing should be considered.
 - II.D.3. Critical Incident Stress Debriefing - a group meeting or discussion led by specially trained mental health professionals and peer support personnel (usually held 24-72 hours after an incident) employing both crisis intervention and educational processes. The meeting is targeted toward mitigating or resolving the psychological distress associated with a critical incident or traumatic event and accelerating the recovery of directly involved personnel.
- II.E. CISM Coordinator – a Division of the Academy and Training (DAT) staff member who serves as the manager of the CISM Program including deployment of CISM teams, arranging team meetings, and maintaining related records.
- II.F. CISM Team - a statewide network of volunteer emergency services personnel specially trained in CISM methodology to provide support and assistance to emergency services personnel involved in a critical incident.
- II.G. Illinois State Police (ISP) officer – any and all persons employed by the ISP as a sworn officer or inspector appointed by the Director of the ISP.
- II.H. In-Custody death – death of a person while in custody of an ISP officer.
- II.I. Mental health professional - a CISM trained, master's degree level mental health professional i.e., psychologist or psychiatrist.
- II.J. Officer-involved death (OID) – any death of an individual that results directly from an action or intentional omission of a law enforcement officer while the officer is on duty, or otherwise acting within the scope of his or her employment, or while the officer is off duty, but performing activities that are within the scope

of his or her law enforcement duties. Intentional omission includes unreasonable delay involving a person in custody or intentional failure to seek medical attention when the need for treatment is apparent. "Officer-involved death" includes any death resulting from a motor vehicle crash, if the law enforcement officer was engaged in law enforcement activity involving the individual or the individual's vehicle in the process of apprehension or attempt to apprehend.

II.K. On-scene support services - support services provided at the scene of a traumatic incident.

III. RESPONSIBILITIES

CONFIDENTIALITY: All information shared during a debriefing/defusing/demobilization, except that involving danger to the employee or others, is **CONFIDENTIAL**.

III.A. The CISM Coordinator, ISP Academy:

III.A.1. Is responsible for coordinating crisis intervention for critical incidents.

III.A.2. Will ensure the sharing of any information will not jeopardize an on-going criminal or internal investigation.

III.B. The mental health professional:

III.B.1. Leads the debriefing team assigned to provide a formal debriefing.

III.B.2. May provide brief consultation to individuals who have been identified as needing additional support services.

III.B.3. Provides advice and backup to CISM team members.

III.C. The Commander/Bureau Chief/Lab Director will:

III.C.1. Require involved personnel to attend the session (after coordination with the CISM coordinator).

III.C.1.a. Assure personnel no one has to speak if they so choose.

III.C.1.b. Inform personnel no one will take notes and the information is strictly confidential.

III.C.2. Schedule the session for a time and location not interfering or impeding a criminal or internal investigation.

III.C.3. Coordinate the session through the ISP Academy.

III.C.4. Ensure that physical and logistical requirements have been finalized.

III.C.5. Make CISM team members aware of all information relative to the incident, including, but not limited to:

III.C.5.a. Pictures

III.C.5.b. Diagrams

III.C.5.c. Incident reports

III.C.5.d. Audio/radio/video tapes

III.C.5.e. Newspaper articles

IV. PROCEDURES

IV.A. Sworn Employees and Telecommunicators

IV.A.1. The ISP will remove employees whose actions or use of force results in a death or serious physical injury to another from any operational assignment pending completion of administrative review of the incident.

- IV.A.2. At the discretion of the employee's work unit Commander, employees may be placed on administrative leave or assigned to administrative support duties, based on the best interests of the employee and the Department.
 - IV.A.2.a. Any employee directly involved in a use of force incident resulting in a death or serious injury will be permitted to take up to five consecutive calendar-days leave (code 513) following the critical incident. Those consecutive calendar-days shall include both previously scheduled workdays and any previously scheduled time off of any nature.
 - IV.A.2.a.1) This leave is optional.
 - IV.A.2.a.2) The employee may take any part (or all) of five days.
 - IV.A.2.b. The employee's Deputy Director may extend administrative leave for emotional trauma, reinstate to administrative support duties, or reinstate to full time duty status based on the previous circumstances listed in paragraphs II.A. and II.B. of this directive. However, employees involved in a use of force incident resulting in death or serious injury, or any other officer-involved or in-custody death, should remain on administrative support duties until prosecutorial declination is confirmed or the Director expressly approves an exception in writing.
 - IV.A.2.b.1) The employee's Deputy Director determines the length of extended administrative leave up to, but not greater than, 30 calendar-days.
 - IV.A.2.b.2) The employee's work unit Commander will monitor the administrative leave time.
 - IV.A.2.c. Pending administrative review, mandatory administrative leave may be recommended through the chain-of-command to the appropriate Deputy Director or designee following the incident and subsequent debriefing for the benefit of the employee.
 - IV.A.2.d. Any employee feeling the need to take additional time beyond that granted by the Deputy Director will require the Director's approval through the Medical Review Board (see ISP Directive PER-038, "The Medical Review Board and Medical Duty").
- IV.A.3. Employees specifically notified to attend demobilization/defusing/debriefing session(s) must attend the session(s) although active participation by the employee is not required.
- IV.A.4. While on leave, the employee will remain available to return to duty, prepare reports, or assist in the investigation.
- IV.A.5. Determination of appropriate duty status

The employee's Deputy Director will determine the appropriate duty status based upon the recommendation of the employee's chain-of-command and taking into account the circumstances, including:

 - IV.A.5.a. The employee's observable post-traumatic mental and physical state
 - IV.A.5.b. The desire of the involved employee(s)
 - IV.A.5.c. Recommendations from the employee's work unit Commander, mental health professional, or Division Assistant Deputy Director
- IV.B. CISM Activation (all personnel)
 - IV.B.1. When a critical incident, as defined in paragraphs II.A. or II.B. of this directive, occurs, the work unit Commander will immediately contact the CISM Coordinator (telephone 217-785-9353 or 217-786-6902) to determine which personnel/services are required.
 - IV.B.1.a. Defusings/debriefings for code personnel (except telecommunicators) will be coordinated through the ISP Academy.

- IV.B.1.b. The Employee Assistance Program (EAP) Coordinator will handle non-work-related incidents.
- IV.B.2. Any employee, through the proper chain-of-command, may request a demobilization/defusing/debriefing whenever a traumatic incident occurs that is not covered by the definition in paragraphs II.A. or II.B. of this directive.
- IV.B.3. The CISM Coordinator, or designee, will:
 - IV.B.3.a. Immediately contact the original caller to assess the need for:
 - IV.B.3.a.1) On-scene support services
 - IV.B.3.a.2) Demobilization
 - IV.B.3.a.3) Defusing
 - IV.B.3.a.4) Debriefing
 - IV.B.3.a.5) Individual consultation
 - IV.B.3.b. Make the appropriate team assignments.
 - IV.B.3.c. Notify the appropriate command staff of the CISM Team activation.
- IV.B.4. Mental health professionals, chaplains, and peer support advisors are assigned according to the need identified by the original caller and program coordinator.
- IV.C. Demobilization/defusing
 - IV.C.1. Upon request, the CISM coordinator, or designee, will respond to the affected employee's location. In complex cases, response will be supplemented with other CISM peer support personnel.
 - IV.C.2. CISM personnel will inform on-scene ISP supervisors of their arrival.
 - IV.C.3. Contact will be made with the affected personnel to:
 - IV.C.3.a. Assess the emotional needs
 - IV.C.3.b. Support self-esteem and self-reliance
 - IV.C.3.c. Offer team services as appropriate
 - IV.C.3.d. Activate their social support network
 - IV.C.4. The demobilization/defusing will be confidential. The only information released will pertain to notifying the employee's chain-of-command regarding:
 - IV.C.4.a. Returning to duty
 - IV.C.4.b. Initiating a request for administrative leave, as appropriate
 - IV.C.5. CISM personnel will remain available to the employee and/or family members for follow-up services during the readjustment period.
- IV.D. Follow-up Services
 - IV.D.1. Follow-up services will be provided to:
 - IV.D.1.a. Participants of the debriefing immediately after the debriefing is complete.
 - IV.D.1.b. Ensure all personnel who need or want additional support are given support from the team or community-based professional resources.
 - IV.D.2. Follow-up services include, but are not limited to:
 - IV.D.2.a. Troop or work location visit
 - IV.D.2.b. Telephone call
 - IV.D.2.c. Chaplain visit
 - IV.D.2.d. Individual consultation

- IV.D.2.e. Referral for therapy
- IV.D.2.f. Additional meeting with group
- IV.D.2.g. Family session

IV.D.3. Follow-up service may be initiated by:

- IV.D.3.a. A participant in the form of a telephone call or personal appearance
- IV.D.3.b. A request by a work unit Commander that a team member check on a participant
- IV.D.3.c. A team member
- IV.D.3.d. The program coordinator for the purpose of quality assurance

IV.D.4. A team member will maintain continued contact with the coordinator.

IV.E. General Provisions

- | IV.E.1. CISM team members will not interfere with any on-going criminal or internal investigation.
- IV.E.2. In the case of an extended incident, the work unit Commander, or designee, will initially contact the CISM Coordinator. The CISM Coordinator will contact the on-scene Commander periodically to determine which personnel and/or services are currently required.
- IV.E.3. These procedures do not interfere with or prevent in any way the voluntary use of or referral to any of the other human services programs.
- | IV.E.4. These procedures are to be used in conjunction with all relevant department policy and procedures.
- IV.E.5. Timekeeping codes used will be in accordance with ISP Directives PER-024, "Status Codes," PER-025, "Timekeeping," and any other timekeeping regulations.

| Indicates new or revised items.

-End of Directive-