



Fact Sheet

The Southwest Ohio CISM Team was established to provide a form of crisis intervention specifically designed to help emergency workers and healthcare professionals cope with the psychological stresses inherent in their professions. Operational since 1988, the Southwest Ohio CISM team provides critical incident stress management Intervention for particularly stressful events such as multiple casualty incidents, the death of a child, the death of a co-worker, traumatic incidents involving critical media coverage, failure of rescue efforts following prolonged intervention, and other events that are unusually emotionally stressful.

Two on-duty team coordinators receive and screen requests for services. When the need for a formal CISM intervention is determined, the team coordinator contacts a one or more team members as needed for the requested intervention. A CISM team member mental health provider will be required for all debriefings, line of duty death, and may be included on other incidents as perceived appropriate by the team coordinator. Debriefings will generally last two to three hours. Travel time may vary considerably.

The Southwest Ohio CISM Team consists of approximately 150 members who rotate to interventions on the basis of intervention needs and availability. Other factors considered in assigning a team member include the type of service organization the individual represents and not being familiar with the individuals involved. Confidentiality of services is stressed. The volume of interventions varies from month to month.

Other team member responsibilities include attending monthly CISM team meetings. Members are required to attend at least four team meetings annually. The purpose of these meetings includes:

1. Providing continuing education programs
2. Discussion of the dynamics that occurred in the prior month's interventions
3. Providing an opportunity for members to get to know each other before working together during an intervention
4. Increasing team cohesion
5. Providing a forum for the exchange of ideas, the addressing of problems, and brainstorming
6. Addressing CISM business, current events, funding issues
7. Debriefing the debriefers when necessary

Members serve on committees and special task groups. They are also assigned to present continuing education programs to groups as requested. Education regarding critical incident stress is the first step in efficient utilization of the CISM process.

Prospective team members are asked to complete an Application Form and a Memo of Understanding. They are requested to make a one-year commitment of service with the team. A two two-day training sessions (ICISF approved group crisis intervention and the ICISF approved Individual Crisis intervention and Peer Support courses) are provided for team members and perspective team members' attendance at these sessions are mandatory within one year of team membership. Selection of new team members usually occurs within six months of course completion. Applications must be submitted prior interview and selection.

If you have further questions regarding membership on the Southwest Ohio CISM team please contact Linda King-Edrington at 513-563-2172 or the team coordinator pager at 800-212-1322 and request to speak with someone regarding training and membership.

Southwest Ohio Critical Incident Stress Management Team Inc.

P.O. Box 62445

Cincinnati, Ohio 45262-0445

SWOCISM Team 24 hour contact number (800) 212-1322

Application



I. Personal Information

Name _____
Address _____
City _____ State _____
Phone (Home) _____ Phone (Work) _____
Phone (Cell) _____ Email _____

II. Education Information

High School _____
Dates of Attendance _____ to _____ Graduated _____

College/University _____
Dates of Attendance _____ to _____
Major _____ Degree _____

College/University _____
Dates of Attendance _____ to _____
Major _____ Degree _____

If degrees are not within areas of sociology or psychology, please describe courses or training you have taken: _____

III. Employment Information

List 3 positions relevant to emergency services, law enforcement, dispatch, healthcare, industry, schools, or counseling

Current Employment
Company Name _____
Address _____
City _____ State _____
Dates of Employment _____ to _____
Brief Job Description _____

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Previous Employer

Company Name _____

Address _____

City _____ State _____

Dates of Employment _____ to _____

Brief Job Description _____

Previous Employer

Company Name _____

Address _____

City _____ State _____

Dates of Employment _____ to _____

Brief Job Description _____

V. With what activities outside of your profession are you currently involved, or do you anticipate involvement in the next year?

IV. Additional Information

1. Have you ever needed the services of emergency services?

2. What happened?

3. How did the encounter affect you?

* Additional information can be added on a separate sheet if necessary.

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4. What exposure have you had to emergency medical situations, psychological crisis, multiple trauma, or mass casualty incidents?

5. Do you have experience in providing any of the following? (Include a description of types of clients and amount of direct service time spent in this area.)

- a. Individual Counseling

- b. Small group work

- c. Crisis Intervention and/or Stress Management

- d. Training or education in other areas (please specify areas)

VI. How did you hear about the CISM Team?

VII. Why do you want to be a member of the CISM Team?

VIII. What assets would you bring to the CISM process if you were a team member?

IX. What deficits would you bring to the CISM process if you were a team member?

X. Comments or additional information you would like us to have about you to aid in the CISM Team selection process.

XI. How much flexibility do you have to go on interventions on a 1- 48 hour notice?

XII. List stress management techniques that you have used effectively.

XIII. Please list three (3) professional references, not related to you. Include name, address and phone number.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Work) _____

Email Address _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Work) _____

Email Address _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Work) _____

Email Address _____

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Memo Of Understanding

I _____, the undersigned, agree to serve as a volunteer with the Southwest Ohio Critical Incident Stress Management Team for a minimum period of one year. I agree to the following commitments:

1. Attend a mandatory two-day ICISF approved group crisis intervention training session and a Individual Crisis Intervention and Peer Support training as schedule allows with one year.
2. Schedule at least 8 hours of ride along experience with emergency service agencies for mental health professionals. Documentation must be submitted to the Program Director.
3. Participate in approximately 6-10 hours of interventions, meetings and education presentations per quarter.
4. Attend monthly team meetings and meet the following attendance requirement.
 - a. Attend a minimum of 4 of the monthly team meetings per year.
5. Complete required records of activities.
6. Maintain strict confidentiality regarding CISM services conducted, including topics discussed and personnel involved. Any breech in confidentiality will result in immediate removal of the individual from the team.
7. Abide by the established team protocols and operational guidelines.

The Southwest Ohio Critical Incident Stress Management Team agrees to the following commitments to team members:

1. Make available two-day training session for potential members at a reduced local cost.
2. Provide administrative support through the SWOCISM Trustees, Program and Clinical Directors and our Team Coordinators.
3. Provide debriefing for the intervention team members after a CISM.
4. Reevaluate the team operation and personnel annually.
5. Maintain quality in performance standards.

I have read and understand these commitments and agree to serve as a member of the Southwest OhioCISM Team for a one-year period.

(Signed)

(Date)

The Southwest Ohio CISM Team agrees to provide to CISM Team Members the above commitments.

(Signed)

(Date)

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