

Critical Incident Stress Management: CISM Implementation Guidelines



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Executive Summary



Critical Incident Stress Management (CISM) refers to programmes designed to support people negatively affected by critical events, to recover and to return to normal functioning and behaviour. A CISM programme consists of different crisis intervention methods to support individuals and groups to cope with critical incident stress (CIS) reactions.

These guidelines describe a CISM programme and experiences with the programme in Air Navigation Services Organisations. (ANSP). They provide advice for conceptual considerations and the implementation of a CISM programme in this working environment e.g. roles and responsibilities, the recruitment, selection/election of CISM peers, the appropriate training activities, promotion and information modules and the quality management of the implementation and maintaining process.

The advices given are based on the CISM programme of International Critical Incident Stress Foundation (ICISF) as there is already sufficient experience in the application in ANSP. This exemplary procedure intends to give space for national/local and/or other adaptations.

This document is a complement to following earlier EUROCONTROL publications:

- Human Factors Module: Critical Incident Stress Management (1997)
- CISM User Implementation Guidelines (2005,2008)

Those were developed within the former European Air Traffic Control and Integration Programme (EATCHIP), later known as European Air Traffic Management Programme (EATMP) and today simply referred to as European Air Traffic Management (EATM) .

It is intended to support the implementation of a critical incident stress management programme (CISM) in the European Civil Aviation Conference (ECAC) States and provide some consistency in the approaches used. The detailed structure of the document is provided in Section 1.4 of this document.



1. INTRODUCTION

1.1. Purpose

The 373/2017 EASA regulation requires all European ANSPs to have a CISM programme in place by 02. January 2020. These guidelines serve as guidance material for those ANSP that still have to introduce a CISM programme in order to be compliant with the 373 regulation.

In addition, these guidelines intend to illustrate the need for and the benefits of a CISM programme in ANSP.

As a number of ANSPs in EATM already have gathered experiences with a CISM programme the current document draws on this practice with the purpose to enable others to benefit from these experiences.

This CISM Implementation Guidelines aims to cover the entire process from the introduction of the CISM programme to its maintenance.

1.2. Scope

The implementation of a CISM programme is described in following previous documents: 'Human Factors Module: Critical Incident Stress Management' (EUROCONTROL, 1997) and CISM USER Implementation Guidelines (EUROCONTROL 2005, 2008). Since then, a number of European ANSPs have adopted the recommendations of these documents as the basis for their CISM programmes. The experiences of these ANSPs provide evidence that the CISM programme of the International Critical Incident Stress Foundation (ICISF) is a suitable peer-based support-programme for ATC addressing the special needs of this specified working environment.

The present document is an updated version of the previous EUROCONTROL CISM User Implementation Guidelines. The CISM programme described is based on the terminology and intervention methods developed and improved by the ICISF in cooperation with the University of Maryland and Baltimore County.

EUROCONTROL takes no position on the appropriateness or otherwise of approaches that might be used and accepts that cultural diversity, local needs and considerations may dictate different requirements for such programmes.

1.3. Background

The EUROCONTROL CISM User Implementation Guidelines were initiated by EUROCONTROL (Directorate ATM Strategies, Human Factors Management Business Division [DAS/HUM]) to support the implementation of CISM within ANSP organisations. The first version of the guidelines was developed in cooperation with experts from different ANSPs.

A second version based on the first was developed in 2008 by representatives from European ANSPs based on experiences gained within ATM in order to facilitate the establishment of CISM programmes for new users. While the CISM User Implementation Guidelines (2008) were edited by the CISM User Group the final draft was produced by EUROCONTROL DAS/HUM.

This third version was reviewed by experts of several ANSPs and finally produced by EURONTROL DAS/HUM.

Nowadays, CISM is a current item on the Agenda of the Safety Human Performance Sub Group (SHP-SG).The SHP-SG is composed by HF Experts from European ANSPs and aims to connect all HF related issues in one group. All new developments, discussions, questions, exchange of experience or support for people new in the field is covered by SHP-SG.

On account of the new EU-regulations and some changes in the CISM -terminology a new updated version of the CISM User Implementation Guidelines was initiated by EUROCONTROL DAS/HUM.

1.4. Structure

The actual guidelines are developed in seven chapters. The first chapters give an introduction to Critical Incident Stress Management including the description of Critical Incidents, Critical Incident Stress Reactions and the necessity to provide qualified support to deal with CIS reactions in ANSP work context. These chapters are followed by the description of requirements for the implementation of a CISM programme in an ANSP organization and give an overview on planning, initial implementation and full implementation phases. The document includes a glossary, a list of the abbreviations and acronyms used, and a bibliography. At the end of the document, the reader will find some useful technical appendices (A to I).

Chapter 1, “Introduction”, outlines the purpose, the scope and the background to the document.

Chapter 2, “Critical Incidents and Critical Incident Stress Management (CISM)”, defines the relevant terms and presents information on the principles and objectives of a CISM programme.

Chapter 3, “Roles and responsibilities” discusses the different roles of people involved in a CISM programme that have to be considered.

Chapter 4, “Planning and Implementing a CISM Programme”, outlines the steps to be taken to implement a CISM programme. It includes the description of four phases: definitions and requirements, planning, initial implementation and maintenance of the programme. Promotion and communication is seen as an integral part of the whole implementing process.

Chapter 5, Checklists of “Quality Management of a CISM Programme”, summarises important points for the improvement of the quality of the implementation and maintenance of the CISM programme.

Chapter 6. “Handling of Sensitive Data”, discusses the legal requirements for the handling of personnel data and documents relating to the CISM programme.

Chapter 7 “Checklist and Summary for CISM Implementation”, summarises the important points of the previous chapters. It might serve as a reminder if the main issues for a CISM implementation are covered.

2. CRITICAL INCIDENT STRESS MANAGEMENT (CISM) IN ANSP

2.1. Background

Disasters and occurrences which cause devastating damage always result in intensive media coverage, extended public interest and the acceptance of support for people directly involved.

Since the early 1980s first psychological aid programmes evolved in airlines for pilots as well as for flight attendants.

In 1987 the Canadian Air Traffic Control (ATC) firstly provided individual crisis intervention for Air Traffic Controllers (ATCOs) as a peer-based intervention programme. Canadian trained CISM peers provided help to their US colleagues after the Sioux City accident in 1989 where an airliner (DC10) exploded on the runway after a successful emergency landing in front of the involved ATCOs and other airport personnel.

Since then it became obvious that not only directly involved people are affected by such events, but also involved operators and eyewitnesses may experience Critical Incident Stress (CIS) reactions.

This accident had far-reaching effects on the development of CISM within and outside ATC. Subsequently the International Critical Incident Stress Foundation (ICISF) was founded, among others, to enhance networking and to develop standardized CISM trainings. Since 2007 CISM is recognized as world standard by the United Nations (Mitchell, 2008).

European Air Navigation Services Providers (ANSPs) started to implement CISM programmes in 1997. The mid-air collision over Lake Constance in 2002 provided another impetus for establishing CISM in European ANSP.

ATCOs belong to operational employees with a high degree of responsibility. Due to their tasks they may be involved - directly or indirectly - in the development of a critical incident. Furthermore, CIS reactions that restrict cognitive capacities might only be noticed by the person concerned when they are needed, thus reducing safety.

Therefore, CISM in ATC is not only applied in the aftermath of major accidents, terroristic attacks, high-jacks, disaster or catastrophes, but also after minor incidents e.g. RWY incursions or near misses.

Considering the affects described above it is without any doubt that ANSPs need to have a qualified programme supporting and assisting staff members after experiencing a critical incident.

By now, the CISM programme developed by the International Critical Incident Stress Foundation (ICISF) is a well established and proofed approach to peer-support in ATM. Being already applied by many European ANSPs it builds the basis for the EUROCONTROL CISM User Implementation Guidelines.

A big advantage of using a common and well-established model for crisis intervention in ANSP is a clear structure in trainings and the application of the interventions methods as well as a common language in the field of crisis intervention. The common standards used are paramount to enable a cross border support in crisis intervention among different ANSPs if necessary.

2.2. Critical Incidents and Critical Incident Stress reactions

In general, we may assume that members of certain professional groups such as rescue services, health care services, aviation industries like pilots and ATCOs are, due to their training, better prepared to cope with unusual situations than other persons who do not belong to these professional groups.

However, studies confirm that as accidents as minor incidents such as e.g. a near miss in context of ATC may evoke CIS reactions due to e.g. feelings of losing control and the high responsibility of the task. Therefore, in ATC also work related minor events that may occur within daily operations require CISM support (Vogt et al., 2007; Müller-Leonhardt, Strøbæk and Vogt, 2015).

2.2.1 Critical Incidents (CI)

In an ATM-context, following situations may be regarded as possible critical incidents:

- Disasters and occurrences which cause devastating damage and casualties, e.g. severe accidents
- Assaults or threats, e.g. hijacking
- Aircraft emergencies
- Personally experienced/witnessed violence
- Separation infringements
- RWY incursions
- Near misses
- Suicide of a work colleague
- Etc.

There are lots of other possibilities that may trigger CIS reactions for example "pilot turned left instead of right " etc. It is important to point out that the reaction towards a critical incident does not only depend on the incident as such but also on the physical and mental condition of the person affected.

However, not all serious incidents are necessarily traumatising; the reaction of different individuals to the same event depends on a number of factors. For example, the personal situation of the individual affected, from a physical, mental and social point of view, and her/his individual appraisal and assessment of the situation.

A critical incident (CI) has the potential for being traumatising in the longer term if one or several of the following criteria are met:

- Feeling of helplessness/powerlessness;
- Feeling of guilt;
- Feeling of losing control;
- Massive personal dismay;
- High degree of identification;
- Threat to life and health;
- The individual perceives the incident as intense or serious;
- The person has repeated thoughts about the incident that are intrusive and disruptive to the everyday functioning.

As a consequence, critical incident stress reactions may occur at different degrees of intensity and type, and some have the potential to promote the development of a chronic stress disorder.

The definition of a critical incident is therefore:

A critical incident is any situation that causes a person to experience unusual strong stress reactions that the person perceives as disturbing or disabling. Besides accidents, also minor events may be experienced as a critical incident specific to this working environment.

In the context of ATC the experience of losing control may be considered THE trigger for CIS reactions described below.

2.2.2 Critical Incident Stress (CIS) reactions

CIS-reactions are reactions of the Autonomous Nervous System, they can be intense and in worst case, last for a longer time-period. The person affected may not be able to cope with these unfamiliar emotional, cognitive and/or physical reactions she/he is experiencing.

CIS-reactions may occur on different levels, each containing several 'symptoms'. It is important to understand that all of them are **normal human reactions to an abnormal event**.

a) Psychological level

- Feelings of losing control
- Fear and insecurity
- Feelings of guilt
- Feeling of being overwhelmed / helplessness
- Anxiety
- Irritability/aggression
- Fits of anger
- Increased excitability
- Depressive mood

b) Cognitive level

- Difficulty in making decisions
- Difficulty in identifying persons known to the individual
- Disorientation in terms of time and place
- Change in readiness to react to situations
- Deficiencies in concentration
- Etc.

c) Psychological level

- Sudden dizziness/feeling of faintness
- Feeling dazed/detached/distant from things
- Sleeping problems
- Faster pulse or higher blood pressure
- Breathing difficulties
- Dimness of vision
- Chills and fever

d) Behavioural level

- Seclusion/self-isolation
- Hypersensitivity to stimuli
- Antisocial behaviour
- Restlessness
- Uncontrolled movements
- Increased consumption of psycho-active substances e.g. alcohol

Although after a critical incident these reactions of operational staff are normal reactions to a critical incident, the symptoms experienced may confuse the person affected, because she/he is not familiar with these and she/he is not able to apply the necessary coping strategies by her-/himself. This furthermore may severely challenge her/his professional self-image and personal system of values particularly after minor events.

Regarding the possible different levels of CIS, symptoms on the cognitive level such as e.g. change in readiness to react to situations or difficulty in making decisions, sometimes may not be perceived by the person affected nor by the supervisor immediately after being involved in a CI, however, those symptoms may hinder the operator in future safety relevant situations. Therefore, obligatory CISM interventions even after minor events are recommended.

Following the World Health Organisation (WHO) (1997) acute stress reactions after unusual physical or mental stress are referred to as transient disorders depending on a time-frame of 4 weeks. Studies support that in ATC a qualified peer-support within this time-frame supports individual coping effectively. (Vogt. et al, 2007)

A referral to psychotherapy is indicated if symptoms last for more than 4 weeks. Therefore, a qualified CISM peer training includes the knowledge of important timeframes and where to refer to.

2.2.3 The course of Critical Incident Stress (CIS) reactions

The course of CIS reactions can be divided into three phases:

a) Acute stress reactions

- During the incident and up to 24 hours after the incident
- Massive stress reactions / stress symptoms
- Individual coping strategies become effective

b) Acute stress disorder

- Between 24 hours and four weeks after the incident
- Massive stress reactions or stress symptoms continue to exist or re-occur on a regular basis with constant intensity
- Individual coping strategies remain ineffective

c) Chronic stress disorder

- More than four weeks after the incident
- Massive stress reactions or symptoms continue to exist (frequently or sporadically) with constant intensity
- Individual coping strategies remain ineffective
- Delayed onset of stress reactions is possible

Experience shows that a considerable percentage (approximately 20%) of persons who have experienced a critical incident suffer from Post-Traumatic Stress Disorder (PTSD) if no intervention takes place. PTSD is characterised by two interdependent factors: mental and neurological hypersensitivity. Following the definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM V - American Psychiatric Association, 2013) post-traumatic stress disorder is characterised by following categories of symptoms:

- Presence of one or more of intrusion symptoms associated with the traumatic event e.g. distressing memories, distressing dreams, flashbacks etc.
- Persistent avoidance of stimuli associated with the traumatic event e.g. internal or external reminders of the traumatic event e.g. memories, feelings, people, places, situations etc.
- Negative alterations in cognitions and mood associated with the traumatic event e.g. about the cause or consequences of the traumatic event, exaggerated negative beliefs or expectations about oneself or others etc.
- Marked alterations in arousal and reactivity associated with the event e.g. irritable behavior and angry outburst, restless or self-destructive behavior, Hypervigilance, exaggerated startle response, problems with concentration, sleep disturbance.

PTSD causes the persons affected to repeatedly experience the traumatic incident. This recurring experience is prompted by external stimulation (a certain smell, sound, situation or mood that reminds the person affected of the incident) or inner processes (dreams). The person affected is not able to gain control over the recurring experience. The duration of the disturbance is more than 4 weeks.

It results in long-term disorders concerning memory, interests and emotions. If the worst comes to the worst, cerebral changes may occur.

2.2.4 Dealing with CIS reactions in ATC

As mentioned before professional groups working in high responsible working positions such as ATCOs may already have individual coping strategies dealing with CIS reactions. This normally refers to CIS reactions after obvious critical incidents. To cope with CIS reactions after minor critical incidents seems to be even harder to accept because the incident is not perceived as a critical one by the affected person nor by work related culture.

Spontaneous recovery, talking to a colleague or other resources in- or outside the company are existing ways to cope with CIS reactions. However, they are informal and support is not always qualified or available similarly. With the implementation of a CISM programme an existing informal coping community can be substituted with a standardized, valued and qualified one being available for each affected ATCO.

Experiences show that for these professional groups a qualified peer-support is easier to accept than a support by an external Mental Health Professional (MHP). In their study on CISM in ATC Vogt et al. (2007) already pointed out that with the support of qualified CISM-peers dealing with CIS-reactions and symptoms becomes very much easier and provides the possibility to get back to work abilities quicker. The follow-up study on CISM in ANSP confirms that a peer-based support is perceived more crucial to recovery from CIS reactions than spontaneous recovery and support from resources outside the occupation and organization (Müller-Leonhardt, Strøbæk and Vogt, 2015).

Families, friends and relatives, being another important supporting resource for ATCOs cannot provide a qualified support concerning coping with work-related CIS reactions. With an established CISM programme they also can get information about coping strategies and be released by knowing that there is deep-seated organizational support.

2.2.5 Definitions

Critical Incident (CI)

Any situation that causes a person to experience unusual strong stress reactions that the person perceives as disturbing or disabling. Even nonobvious events may cause CIS.

Critical Incident Stress (CIS)

The emotional-, physical-, cognitive-reactions and behavioral changes of a person after experiencing a critical incident. These reactions are defined as normal reactions to an abnormal event.

Post-Traumatic Stress

Sometimes used interchangeably with the term Critical Incident Stress.

Post-Traumatic Stress Disorder (PTSD)

A pathogenic version of post-traumatic stress, where symptoms are enduring and disabling.

Crisis

A temporary disruption of psychological balance where the usual coping mechanisms fails

Crisis Intervention

Focuses on the acute crisis and not on historical events; it is one part in a spectrum of care.

2.3. Critical Incident Stress Management (CISM)

The following chapters describe the CISM programme of the ICISF exemplarily for CISM programmes in ANSP. This is due to the fact that in context of ANSP experience with this programme is already present. The outlined descriptions provide important information for the development of a validated CISM programme adaptable to national/local conditions.

2.3.1 General information about CISM

Critical Incident stress management (CISM) according to the ICISF was developed by Dr. Jeffrey Mitchell and Dr. George Everly in cooperation with the University of Maryland, on base of scientific findings how to deal with CIS reactions the most effective way (Mitchell & Everly, 1997).

Nowadays, their CISM programme is a comprehensive, systematic and multi-component approach to the management of CIS reactions. This means that it consists of different intervention methods which are connectable if necessary. Each of its methods is designed for interventions concerning CIS reactions.

All CISM methods are measures consisting of structured talks about the incident in the form of individual and/or group interventions aiming to support the colleagues affected to regain their ability to apply own coping strategies.

Important key points for the efficiency for a CISM peer-intervention is a CISM programme deeply anchored within organizational culture are:

Immediacy:

intervention takes place on the same day the incident happened

Acceptancy:

peer-based, trust among colleagues

Proximity:

a nearby save and quiet place within the organization

Expectancy:

short interventions with clear follow-up steps defined

Confidentiality:

assurance that no information leaves the room

Most of the time these interventions are performed by CISM peers (trained colleagues). Some of them, however, only should be conducted in cooperation with a Mental Health Professional (MHP) who is a qualified CISM expert. Some of the large group interventions also need the cooperation with managers of the organization.

Therefore, a network of CISM experts inside and/or outside the organization has to be part of a comprehensive CISM programme.

Hence, the CISM programme cannot be a single intervention after an incident/accident moreover it needs to be a known and accepted intervention programme within organizational culture.

To provide an informative basis the next chapter gives an overview on CISM methods according to the ICISF-CISM programme.

2.3.2 CISM methods

A CISM programme ideally comprises the following methods:

a) Preventive education and training

- Courses for managers, members of staff, colleagues of the above-mentioned professional groups or organisations
- Different modules, depending on the target groups

b) Assisting Individuals in Crisis

- Structured individual intervention (SAFER-R) provided by a qualified CISM peer or MHP conducted immediately after the incident.

c) Defusing

- Structured intervention in homogeneous groups provided by qualified CISM peers or MHPs conducted up to 24 hours after the incident

d) Debriefing

- Structured intervention in homogeneous groups provided by a qualified MHP and qualified CISM peers conducted between 72 hours and four weeks after the incident

e) Rest Information Transition Services (RITS)

- Quick informational and rest sessions applied after releasing action forces (firefighters, paramedics, etc.) from mission after a major incident such as a disaster that requires a huge commitment of resources.

f) Crisis Management Briefing (CMB)

- The purpose of the CMB is to provide general information about an incident/ accident concerning a bigger group of people of an organisation and potential critical incident stress reactions, as well as the availability of peer support. The CMB is conducted by the unit manager and qualified CISM peers for large heterogeneous groups.

g) Family and Organisational support

- Counselling relatives and organisations of particularly affected professional groups. This can include written information and recommendations.

h) Follow-up / referral

- In case the CISM intervention is not sufficient or the involved person shows symptoms that go beyond the actual incident a referral to professional experts is indicated.

Important note:

CISM measures are explicit crisis intervention tools, not to confound with psychotherapeutic measures.

Note: Experience shows that RITS is not applicable in ANSP.

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Appendix (B), page 62

2.3.3 CISM objectives

Objectives to be achieved by applying CISM:

- Reduction of CIS-reactions
- Reactivation of cognitive functions and processes affected by the incident,
- Re-establishment of individual and work related capabilities

Vogt et al. (2007) pointed out that, in ANSPs where a CISM programme is implemented, it is easier for ATCOs affected to cope with the CIS reactions and faster reassume their tasks. Moreover, they assumed that it is possible to decrease the probability of consequential disorders and save the organization further costs.

2.3.4 Application of CISM to other groups of employees

A CISM intervention can be applied to a range of categories of employees and their families following a critical incident. Such incidents may be work-related or may be caused by an incident in the employee's private life.

Organisations will need to provide policies on when a work-related CISM support, e.g. CISM-intervention should take place. CISM-peers should learn about the range of situations they may provide a CISM-intervention.

Some organisations might also wish to make CISM-peers available to outside agencies in the event of disasters and related occurrences. In this case the permission of each CISM-peer is obligatory.

3. ROLES AND RESPONSIBILITIES IN A CISM PROGRAMME IN ANSP

3.1. Positioning CISM in the organisation

The location of a CISM programme within the organisation should be carefully considered from the outset. In some organisations it may logically start in the human resources department, perhaps as a logical extension of an employee assistance programme.

Experience has shown that CISM programmes in ANSP often are best positioned in the safety and human factors domains.

3.2. CISM programme manager

The implementation and cultivation of a CISM programme in an ANSP organisation requires the nomination of a CISM programme manager whose task is not only, to develop a CISM concept adapted to local conditions and implement it into the organization but also to back-up the CISM programme in general and to keep it alive. To do so a clear statement concerning the implementation of a CISM programme from the board of directors is obligatory.

The CISM programme manager is required to initiate and to manage the CISM programme and is responsible for all organisational and coordination activities. She/he will play a central role in the implementation, development and maintenance of the CISM programme.

In particular the CISM programme manager is responsible for:

- Development of a CISM concept, procedures and a budget plan
- Promotion and communication
- Budget management of the programme
- Peer selection/election procedure
- Organisation or delivery of peer-training
- Ensuring continuing training
- Maintenance of the CISM programme
- Quality management
- Ensuring the provision of annual reports
- Drafting and circulation of CISM documents for the company
- Annual CISM-peer-meetings
- Organization of CISM-peer debriefings if necessary
- Organisation of an evaluation of the CISM programme

She/he is the contact person for:

- CISM peers
- Supervisors/watch-managers
- CISM coordinators
- Local and general management
- Mental Health Professional (MHP) support

Note: *The CISM programme manager should undergo a formal CISM-peer training. However, she/he does not necessarily have to be an active CISM peer.*

3.3. CISM peers

The CISM programme mainly consists of selected/elected and trained CISM peers. CISM peers are volunteers who are themselves members of the operational staff or have the same operational background.

A CISM peer provides

- Immediate CISM-intervention for affected colleagues
- Information and support to family members if necessary
- Organization of professional mental health support if necessary

Ideally a CISM peer should meet the following profile:

- Emotionally mature
- Good listener
- Sensitive to the problems of others
- Open to learn
- Willing to be available to colleagues in their time of need
- Respected and trusted by colleagues
- Understands the importance of confidentiality
- Has a social and empathic capacity
- Experienced in the handling of unusual situations
- Has an adequate operational ATC background

After being selected / elected a CISM peer absolves a number of special CISM trainings and joins the CISM team within the organization. The number of CISM peers vary depending on contextual factors e.g. number of operational employees, etc. It is recommendable to ask CISM programme experienced ANSPs for advice.

Important note: A CISM peer shouldn't be simultaneously an investigator of the incident nor have any similar conflict of interest that might impair the ability to act as an impartial support to the affected colleague receiving CISM peer support.

3.4. Supervisors/ watch-managers

The supervisors/ watch-managers are normally the first ones to identify the need of a CISM intervention following a critical incident in their team, and therefore, they play a pivotal role. The way they handle the situation can have a significant impact on how the operational staff involved cope with the event. The provision of support and relevant information as soon as possible will support significantly restoring a sense of control and reducing the emotional impact.

The supervisor's responsibility is to initiate the appropriate actions after the occurrence of a critical incident, i.e.:

- Relieve the ATCO from the working position
- Take initial care of the affected person(s)
- Offer and co-ordinate CISM peer support

Supervisors/watch-managers must be aware of the role of a CISM peer and the benefits of the CISM programme. They should be able to demonstrate that they know whom to contact from the CISM team and how to provide the list of CISM peers to the effected operational staff. They may need to encourage the person affected to contact a CISM peer. The supervisor/watch-manager should inform the CISM team that an incident has occurred.

Following information materials and/or channels might be produced/used to support supervisors/watch-managers:

- CISM binder compiling all information about CISM, names and telephone numbers of team members
- Service order
- Unit manual
- Local intranet
- Electronic information display system
- Supervisors/watch-managers meetings
- Supervisor/watch-managers training module
- CISM checklist for supervisors (Appendix E, page 65).
- CISM practical booklet for supervisors (Appendix F, page 66).

The supervisors/watch-managers although not directly involved in the incident may experience some CIS-reactions themselves due to witnessing the responses of the person primarily effected by the incident. Therefore, supervisors/watch-managers need to be aware of their own emotional reactions, recognize CIS reactions in themselves and others in order to act effectively if a CISM intervention is required.

To enable supervisors/watch-managers to perform these roles a specific CISM training-module is recommended (see also chapter 4, page 24).

3.5. CISM coordinator

An operational unit should appoint a local CISM coordinator out of its CISM peer team. This allows an efficient and effective communication channel and provides the CISM peers at each unit with an identified point of contact. The local CISM coordinator is responsible for establishing an efficient communication to the CISM programme manager and serves as a point of contact for the local peers and operational supervisors of the specific unit. She/he ensures that all material, necessary documents and guidelines are available and in an actual status.

3.6. Generic task list / Quick reference card / Checklist for each rol

For quick reference purposes, a CISM programme requires the circulation of a document, which gives the names, location and telephone number of each CISM peer along with the contact details of the CISM coordinator and the CISM programme manager.



4. PLANNING AND IMPLEMENTING A CISM PROGRAMME IN ANSP

The outlined information about CISM in ATC provides material about the needs to deal with CIS reactions after work related major and minor critical incidents and the benefits of a CISM programme including experiences of CISM in ANSP.

The implementation of such a programme into a specific organization is defined as a process marked by implementation phases described below:

1. Definition and requirements
2. Planning phase
3. Initial Implementation phase
4. Maintenance of the CISM programme

4.1. Definitions and requirements

As mentioned above before starting with the planning and promotion the CISM programme within the organization a clear statement of the board of directors of the ANSP concerning the implementation of CISM within the organization is obligatory. Half-hearted attempts to appear to do what is mandated consume enormous resources and yield few socially significant outcome. (Romney, Israel, & Zlatevski, 2014).

Early identifying of supporters in all levels of the organization and integrating their advices into the CISM concept promotes a collective understanding and acceptance of the CISM programme.

As described in the chapters before, the CISM programme cannot be a single intervention after an incident/accident but needs to be a known and accepted intervention programme anchored within organizational culture.

Moreover, creating a network of CISM experts inside and/or outside the organization has to be part of this comprehensive programme.

On base of obtained information about CISM programmes in ATC the nominated CISM programme manager starts to develop a locally adapted CISM concept including procedures, a budget-, a promotion and communication- and a quality management plan. Implementation of a new programme into an organization is a challenge and must be carefully prepared.

4.2. Planning phase

The development of a national/locally adapted CISM programme concept will be the first task of a CISM programme manager.

A CISM programme concept comprises:

- Descriptions and definitions of the CISM programme (see chapter 2 of this document)
- Localization of the CISM programme within the organization
- Responsibilities and roles within the CISM programme (CISM programme manager, CISM peers, CISM coordinators, supervisors/watch-managers)
- CISM peer recruitment
- CISM peer trainings
- CISM workshop for operational management
- Network with Mental Health Professionals (MHP) inside and outside the organization (ideally CISM qualified)
- Network with other CISM programme managers from other ANSPs
- Participation in EUROCONTROL SHP-SG
- Implementation schedule plan (Timetable)
- Quality management plan

Procedures:

- Statement of the board of directors for the implementation of the CISM programme
- Promotion and communication plan
- Recruitment of CISM peers: selection or/and election of CISM peers
- Organisation of CISM peer-trainings
- Organisation of CISM workshops for different target groups
- Organisation of specific CISM modules for operational managers (supervisors/watch – managers), incident investigators
- CISM team structure and procedures
- CISM programme requirements (quite room, etc)
- CISM peer intervention procedures e.g. releasing from work, CISM intervention takes place before incident investigation,
- Policies about compensation for CISM peers

Budget:

- Trainings
- Workshops
- CISM programme manager
- Travelling costs
- Meeting costs
- Room costs
- Compensation for CISM peers
- etc

This planning process is best carried out in cooperation on all levels of the organization.

Appendix (D): Sample: Statement of CEO page 64

4.3. Initial implementation phase

The initial implementation phase comprises:

- Contact to CISM experienced ANSPs
- Contact to Mental Health Professionals inside and outside the organisation
- Initiation of communication and information platforms for different target groups
- Workshops for operational managers
- CISM peer selection/election process
- Organisation of CISM peer trainings

Early identifying of supporters in all levels of the organization and integrating their advices into the CISM concept promotes a collective understanding and acceptance of the CISM programme. Therefore, a promotion and communication plan is an integral part of the implementation process and includes as well information as the invitation for contribution.

4.3.1 Promotion and communication plan

The promotion and information about the CISM programme has to cover three phases about:

- Promotion of the CISM programme
- Information about the initial implementation phase
- Information about maintenance of the CISM programme

4.3.1.1 Promotion of the CISM programme

The CISM programme shall be promoted to three target groups:

- the management with the aim of promoting the need of a CISM programme and to obtain backup for implementation
- the professional organisations as required (unions, staff representatives, etc.) with the aim of promoting the benefits of a CISM programme and obtain acceptance and cooperation for the implementation
- every potential beneficiary in the ANSP organisation with the aim of achieving acceptance of and participation in the CISM programme

The promotion of CISM to the management and professional organisations is the first task to be accomplished because essential issues like confidentiality, institutional, organisational, and legal issues need to be clarified before the implementation of any CISM programme.

A top-down approach, beginning with higher management and working down the organisation is advisable. Both, the management of the ANSP and representatives of professional organisations should first be convinced of the benefits of the CISM programme. Their initial and continuous support is essential for the successful implementation of the programme.

This can be achieved through presentations or workshops, moderated by CISM experts or the CISM programme manager, about the CISM implementation project, provided to the senior management, operational managers, and to representatives of professional organisations.

The aims of these presentations are:

- to achieve support and agreement to the implementation of the CISM -programme
- to clarify the essential issues concerning the implementation of the CISM programme
- to initiate the implementation
- to achieve agreement for the promotion of the CISM implementation

This information shall be issued by CISM experts and shall at least contain:

- Description of the CISM model (comprehensive peer-based support, cooperation with internal/external qualified Mental-Health Professionals)
- CISM-interventions (methods)
- Structure and procedures of the planned CISM programme
- Benefits of a CISM programme
- Financial issues of CISM implementation
- Experiences with CISM programmes in other ANSP
- International cooperation

4.3.1.2 Information about the initial implementation phase

Based on the presentations during the promotion phase and on the findings of the subsequent discussions, the operational management and the potential beneficiaries should now be informed about the CISM programme. The important role of supervisors/watch-managers and the benefits for staff should be addressed. The information shall be provided to following target groups:

- Operational managers (supervisors, watch-managers etc.)
- Incident investigators
- Staff members and potential CISM peers

Due to the fact that staffing of operational management (supervisor/watch-manager) is changing at regular intervals, this information should therefore also be re-provided at regular intervals to keep the awareness of CISM to a certain level.

The information for the operational management has the general aim to impart fundamental understanding of CISM and the awareness about the impact of a critical incident on an affected colleague.

As supervisors/watch-managers are often the first to identify the need of a CISM intervention following a critical incident in their team, they play a pivotal role. Their responsibility is to initiate the appropriate actions after a critical incident occurs. The way supervisors/watch-managers handle the situation can have a significant impact on how the operational staff involved is able to cope with CIS reactions. The provision of support and relevant information as soon as possible after the incident, will help significantly in restoring a sense of control and reduce the emotional impact.

Staff information shall specifically include information about the recruitment process of CISM peers (their role, selection, election, required personal profiles, tasks, etc.). The aims of this information are:

- to receive feedback on the intended CISM programme
- to achieve acceptance
- to create motivation to apply for the role of a CISM peer
- to make transparent the proposed steps and schedule of the CISM implementation

4.3.1.3 Operational managers and incident investigators

Supervisors/Watch-managers are first line managers and must be able to recognize the need of a CISM intervention. They will have to take initial care of the person(s) involved by relieving the operational staff from their working position.

Supervisors should listen to what is said and assess the situation, offer and co-ordinate the CISM peer support. They must be aware of the role of a CISM peer and the benefits of CISM for the persons involved in a critical incident.

Methods for assisting supervisors in this task can include a CISM checklist for supervisors (a leaflet with do and don'ts; Appendix (E) page 65) or a CISM practical booklet for supervisors. In the booklet can be written: the purpose and aim of the CISM program; the definition of a Critical incident; critical incident stress (CIS); recognizing CIS-reactions; potential impact of a critical incident; possible impairment of performance; immediate action required and assistance available. Another method is offering a training or a workshop. (Appendix (F) provides an example for a booklet page 66).

Methods to achieve this understanding and awareness can include training, briefings or workshops and shall at least contain:

Description	Key points
Introduction to CISM	Operational managers should be able to..... <ul style="list-style-type: none"> • Describe in general the purpose and the aims of CISM • Describe in general the range of application of CISM and its range of possibilities
Critical Incidents	Operational managers..... should be able to..... <ul style="list-style-type: none"> • Define critical incidents • Know the range of Critical Incidents
Critical Incident Stress	Operational managers should know..... <ul style="list-style-type: none"> • Reactions of Autonomous Nervous System • Neurological processes
Critical Incident Stress Reactions	<ul style="list-style-type: none"> • Recognize symptoms • Be able to define the levels of critical incident stress reactions (emotional physical/cognitive/behavioral) • Recognize the impairment caused by critical incident stress reactions • Know what a manager can do about critical incidents
CISM intervention	Operational managers should be able to..... <ul style="list-style-type: none"> • Describe the role of CISM peer • Take appropriate action

Incident investigators should be informed about the CISM programme to achieve an understanding on CIS reactions and CISM interventions as distinguished from incident investigation. They must be familiar with CISM procedures and know about priority of CISM interventions before incident investigation starts. Attention must be drawn on the fact that the objectives of management and employees are the same: re - integration of the persons involved in a critical incident to resume normal operational duties asap.

Methods to achieve this understanding and awareness in investigators can include training, briefings or workshops and shall at least contain:

Description	Key points
Introduction to CISM	Investigators should be aware of..... <ul style="list-style-type: none"> • the purpose and the aims of CISM • the range of application of CISM and its range of possibilities • know the procedures
Critical Incidents	Investigators should <ul style="list-style-type: none"> • be aware of critical incidents • know the range of critical incidents
Critical Incident Stress	Investigators should <ul style="list-style-type: none"> • be aware of what causes critical incident stress
Critical Incident Stress Reactions	Investigators should <ul style="list-style-type: none"> • know the main and typical CIS reactions • Recognise symptoms of critical stress reactions
CISM intervention	Investigators should be able to..... <ul style="list-style-type: none"> • Describe the role of CISM peers • Take appropriate action

4.3.2 Recruitment and selection/ election of CISM peers

4.3.1.4 Information for staff members and potential CISM peers

The information for staff members shall at least contain:

- Description of the current CISM programme Critical Incidents, Critical Incident stress reactions, peer-support
- CISM intervention methods and procedures
- Purpose, organisation and current status of the CISM implementation
- Benefits of the CISM programme
- Role and functions of CISM peers
- Recruitment and selection/election of CISM peers
- Implementation schedule

CISM peer selection is achieved by following phases, namely:

- **Phase 1** – CISM-peer selection/election process
- **Phase 2** – Call for applicants/nominating/election process

Phase 1

CISM peer selection/election process

For this phase of the CISM-peer selection/ election process relevant information must be provided to all eligible employees. This communication should include the following:

- Outline information on the CISM-programme
- Role description of a CISM-peer, profile and commitment requirements
- Information on the CISM-peer selection process, together with an application or nomination form
- The training programme required
- As the case may be compensations for CISM peers

Phase 2

Call for applicants/nominating/election process

There are three basic options available for CISM-peer selection. The choice of your organisation will depend on specific local cultural or social aspects.

Option 1:

Nomination by CISM programme management

Applicants will be asked to complete a specifically designed questionnaire. Every applicant will then be invited for an assessment. The assessment board should preferably consist of up to two persons nominated by a steering group and external CISM experts. The Assessment Centre should consist of an interview, a specifically designed group exercise, and the completion of a personality questionnaire.

The selection process described here is designed to identify those applicants whose capabilities best satisfy the profile for the role of a CISM-peer.

Option 2:

Election by the staff members

Staff will elect CISM-peers from a list of applicants.

The election process is designed to identify those applicants who receive the utmost support and trust by the staff.

Option 3:

Nomination by staff members

Staff will propose CISM peers selected from a staff list of operational staff. The nomination/ election is supplemented by interviews designed to ensure that the proposed staff members are willing and aware of their future responsibilities and of the required commitment.

Option 4:

Mixed version: selection /election of CISM peers

Mixed approach: first step selection by CISM programme manager, second election by staff members.

There might be more possibilities to select CISM peers, depending on cultural contexts. Important point is trust and acceptance by operational staff members.

Appendix (C):

Sample CISM peer nomination form page 63

Appendix (G):

Sample Information for ATCOs page 69

4.3.3 CISM peer training

CISM peers are trained colleagues from the same professional field. In ATM context this means, that in their normal work they are ATCOs, trained to handle traffic and get aircrafts clear from each other. Their professional education does not include crisis intervention methods to support colleagues coping with CIS reactions.

Therefore, it is very important that the peer- training is based on proofed and validated methods with clear structures and an easy way to learn and to apply. CISM-peers will play an important role for the support of their colleagues and it must be sure that the training they receive supports them in doing the things right. Even after the training it must be clear that a CISM-peer performs only a CISM-intervention for colleagues who experienced CIS reactions after regularly a work-related incident.

That means that CISM-peers don't become social workers or MHPs. The training should therefore enable peers to do acute crisis intervention, recognize signals for referral but also to know the limits of a peer-support.

To fulfill the broad range of methods and practice to learn about CISM-interventions a single CISM training course is not sufficient. Following CISM-experienced ANSP a CISM peer-training programme in ATC should comprise four courses:

- Assisting Individuals in Crisis
- Group Crisis Intervention
- Advanced Group Crisis Intervention
- Strategic Response to Crisis

The duration of each course takes about 2–2, 5 days and the full training programme should be finished in between 18-24 months. For more details about the duration and combination of CISM trainings contact the ICISF.

www.icisf.org.

4.3.3.1 Aims of a CISM peer training

The main aim of the training phase is to qualify the applicants as CISM peers. A side effect of training is that applicants have the opportunity to prove their basic capabilities. Even during the training the candidates should have the opportunity to decide whether the role of becoming a CISM-peer is suitable for her/him or not. This may result in a withdrawal of application.

While the ultimate objective of the recruitment procedures described above is to have an appropriate number of CISM-peers depending on the number or size of the units involved, any pre-designed ideal model should not artificially dictate the final selection decisions.

4.3.3.2 Providers of CISM peer trainings

CISM training for peers should be provided by a qualified, experienced and trained CISM-trainer. Agencies that provide CISM training should assure that they follow an approved CISM-programme and have qualified trainers. It is of importance that the CISM-trainers are not only experienced in peer-based crisis intervention methods but also are familiar with the special requirements of an ANSP and ATM working environment. It is recommendable that the CISM programme manager consult with local and international agencies to determine the types of CISM training offered. She/he could consult with an ANSP already having implemented a CISM-programme to learn from these experiences.

4.3.3.3 Certification of the courses:

It is recommended that the CISM peers after each course completion receive an international recognized certificate. Such a certificate will give confidence to the participants that they got the right education and provides certainty to the organisation that the training is based on an international recognized standard. Furthermore, it provides evidence that the training programme is evaluated and up-

dated by a neutral body (e.g. University) independent of the training provider.

To keep the programme alive within the organization it is recommendable to complement the certified courses by continuous refresher trainings, also after the qualification is accomplished.

4.3.3.4 Generic elements in a CISM peer training

In general, CISM peer trainings should contain the following elements:

Topics
Introduction to CISM, history of development, definition, aims, limits
Clear learning objectives
Overview of different CISM intervention methods
Clear descriptions of specific methods, application and exercises
Critical Incident Stress Reactions, Symptoms
Neurobiological background of CIS-Reactions
Crisis communication techniques, especially "normalization"
Coping strategies
Identifying people who need referral
Knowing limitations of own intervention abilities and skills
Referral to other agencies/professionals (types and procedures for obtaining)
Self-care and Peer coping strategies
Roles and Responsibilities (Peer, MHP, Supervisor, etc.)



4.4. Maintenance the CISM programme

Arriving at this phase means that all procedures are set, CISM peers are qualified, supervisors/ watch-managers have assumed their role in the CISM programme and CISM interventions have been carried out following CIs. The task of a CISM programme manager is now to maintain the CISM programme with continuous communication, CISM trainings, supervision of the CISM team, networking inside and outside the organization and continuously improving performance of the programme.

4.4.1 Continuous communication

After the implementation phases of the CISM programme, all personal concerned should be informed about the actual status and the responsibilities within the current CISM programme. The information should be provided to three target groups:

1. Management of the organization
2. Professional organisations as required (unions, staff representatives, etc.)
3. Every potential beneficiary in the ANSP organisation

The aims of continuous information are:

- to inform management and professional organisations about the completion of the implementation process
- to familiarize operational staff with the CISM peers, their contact data and availability
- to achieve, that documentation and support procedures are known by operational staff members

The choice of methods for the provision of information is dependent from local requirements and cultural issues. Possibilities are measures like:

- Web-based publications
- Flyers
- Posters
- Staff magazines
- Unit visits by CISM experts
- Briefings
- Training modules
- E-mails
- etc

This information should at least contain:

- Notification procedures following a critical incident
- Documentation and support procedures (e.g. confidentiality, operational and regulatory consequences)
- Introduction and contact data of local CISM peers
- Availability and access to the CISM peers or CISM team coordinator
- The integration of CISM into the operational safety management

Information after the implementation phase is necessary to keep the awareness of the CISM-programme on the appropriate level.

Ongoing information about:

- Developments and current findings on CISM
- Findings following benchmark activities
- Exchange of CISM peer experiences.

4.4.1.1 Making use of feedback

Feedback can come from a variety of sources both formal and informal and can be either positive or negative.

In all cases feedback should be handled in a sensitive and cautious way respecting the personal integrity of the source.

Positive feedback may be used to provide promoting messages whilst negative feedback should be used to improve the programme.

4.4.2 Continuous CISM trainings

CISM peer training continuation and refresher training shall be planned during the entire term of a CISM programme according to the actual and local needs.

Post-intervention CISM peer debriefings shall be conducted in regular time intervals.

A training plan (objectives, syllabuses, timetables, modes and media of delivery, venues) for every training shall be established:

Training for new CISM peers:

- For the replacement of leaving CISM peers
- For expansion of the CISM programme

Refresher training for CISM peers:

- CISM programme
- CISM methods
- Intervention methods – practice
- Exchange of experiences

4.4.3 Networking inside and outside the organization

Keeping contact and exchange of information about the CISM programme may include:

- Contact to CISM peers, CISM teams and CISM coordinators
- Contact to MHPs inside and outside the organisation
- Contact to EUROCONTROL
- Participation in EUROCONTROL SHP/ SG
- Contact to IFATCA
- Benchmark with other local /national /international organisations having implemented a CISM programme (Healthcare, Firefighter, Paramedics, etc.)

This information allows a comparison between different units and opens the possibility to learn from each other.

- Another exploration goal is to find out how effective the intervention was e.g. on the basis of reduction of symptoms reported 6 weeks after the intervention.

The following CISM reporting sheet developed and used by DFS is an example of ongoing CISM assessment within an ANSP organization.

4.4.4 Continuous improving performance

Setting up a confidential reporting system about CISM interventions enables the CISM programme manager to continuously evaluate and improve the programme:

- The collected information provides insights on how the programme is used e.g. comparing the number of incidents with the number of CISM interventions can give some indication how well the programme is applied.
- Another important piece of information is knowing who initiated the CISM intervention e.g. was this done by the supervisor/watch-manager, the peer or the affected ATCO her-/himself?

4.4.4.1 Example: Anonymous Statistical Collection of CISM Interventions

1. Unit:		Date:	
<input type="checkbox"/> Tower Unit	<input type="checkbox"/> Approach Unit	<input type="checkbox"/> Center Unit	
2. Initiative:			
<input type="checkbox"/> Persons concerned	<input type="checkbox"/> CISM peer	<input type="checkbox"/> Supervisor/ Watchmanager	<input type="checkbox"/> Administrator <input type="checkbox"/> Other
3. Timing of the intervention after the Critical Incident			
<input type="checkbox"/> up to 6 hrs.	<input type="checkbox"/> 6 – 12 hrs.	<input type="checkbox"/> 12 – 24 hrs.	<input type="checkbox"/> 24 hrs.
4. CISM peer on mission			
<input type="checkbox"/> in-duty		<input type="checkbox"/> off-duty	
5. CISM – method: (please put a cross! at a)and at b)			
A	<input type="checkbox"/> Safer <input type="checkbox"/> Defusing <input type="checkbox"/> Debriefing <input type="checkbox"/> Demobilisation Nowadays: RITS	<input type="checkbox"/> CMB <input type="checkbox"/> Supervision <input type="checkbox"/> Teaching	B <input type="checkbox"/> Individual Intervention <input type="checkbox"/> Group Intervention:
6. Duration of the intervention:			
<input type="checkbox"/> up to 30 min.	<input type="checkbox"/> 30 – 60 min.	<input type="checkbox"/> 0 – 90 min.	<input type="checkbox"/> 90 min.
7. Support / Requirements:			
<input type="checkbox"/> Room was available	<input type="checkbox"/> Care is provided until the arrival of the CISM	<input type="checkbox"/> Detachment took place	<input type="checkbox"/> Supportive steps (drive home/info family members) CISM
8. Follow-up measures:			
<input type="checkbox"/> internal		<input type="checkbox"/> extern	<input type="checkbox"/> none
9. Additional remarks (e.g. major event- evtl. with backside):			
10. Possibly interesting for the exchange of experience?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
6 weeks check-up			
1. Work capability / Intervention:		2. Were the CIS symptoms reduced?	
<input type="checkbox"/> immediately <input type="checkbox"/> after 1 to 3 days <input type="checkbox"/> immediately <input type="checkbox"/> after 1 to 3 days		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please return via :			
<input type="checkbox"/> E-Mail to:		<input type="checkbox"/> Fax to:	

4.4.5 Evaluation of the CISM programme

To be able to evaluate the implemented CISM programme and to get significant evidence on the benefits of it a study that collects both quantitative and qualitative data is recommended.

This requires on the one hand interdisciplinary, theory-led and methodologically sophisticated work and on the other hand a priori definitions of targets and evaluation aims.

Experiences show that a scientific evaluation of a CISM programme in ANSP should ideally take place some time after the implementation. It is recommended that this be done with an independent scientific

Appendix (H):

Cost-Benefit Study at DFS – resulting recommendations
page 71.



5. QUALITY MANAGEMENT OF A CISM PROGRAMME IMPLEMENTATION

5.1. Quality Management (QM)

This chapter provides checklists, which provide an overview of the QM of the entire implementation process. QM is an important factor for the successful implementation of a new program in an organisation and serves to:

1. Increase the contentment of staff members.
2. Continuously improve performance.

Both targets require feedback loops in all stages of the CISM programme during implementation and during its term. If for example the feedback of ATCOs is negative and manifests in high rejection rates of CISM offers, this can be due to poor quality of CISM introduction, inappropriate CISM peer selection and training, or missing management support after implementation. In order to enable ANSPs to

match a CISM quality management, the following general quality issues are considered:

1. Quality of structure: The available infrastructure for performing (e.g. qualification process of CISM peers, CISM standards, working conditions for CISM peers, management support).
2. Quality of process: The features of the performance process (e.g. selection and training of CISM peers, the quality of their interventions, feedback and monitoring of results).
3. Quality of results: The results of the implemented CISM programme e.g. content operating staff, content of operational managers, etc.)

5.1.1 Quality of structure checklist

<p>Commitment of the organisation</p>	<p>Does the top management support the CISM programme implementation?</p> <p>Are there clear responsibilities for the process? Is a competent CISM programme manager appointed and provided with the necessary resources?</p>
<p>Defined standards</p>	<p>Are the ability requirement profiles for CISM peers defined?</p> <p>Are selection, training and assessment of CISM peers aligned to the profile?</p> <p>Are there methodological standards for CISM peer selection?</p> <p>In case of CISM peer election: Is the election process defined, are the elected CISM peers comprehensively informed and do they have the option for refusal?</p> <p>In case of CISM peer selection: Is the selection process defined, are standard selection methods used (tests, interviews, assessment centers, questionnaires), are the assessors trained?</p> <p>In case of mixed approach: Is the process well defined and communicated?</p>

	<p>What support is given for CISM peer training (e.g. release from work, travel expenses)?</p> <p>Are CISM aims and scope clearly communicated?</p> <p>Are CISM interventions defined and binding to all CISM peers?</p> <p>Are confidentiality, documentation and information duties defined for CISM peers and colleagues?</p> <p>Are feedback loops implemented to enable CISM peers and colleagues to assess the CISM interventions in order to reveal deficiencies in CISM peer selection, training, behaviour or management support?</p>
Quality of CISM trainings	<p>Does the CISM peer training teach all necessary abilities and practical skills?</p> <p>Do the training contents facilitate the defined CISM peer role?</p> <p>Do CISM peers identify with the CISM programme?</p> <p>Are there established feedback loops (CISM peers to CISM coordinator, CISM coordinator to CISM programme manager and ATCOs to CISM peers) to detect potential deficiencies in the preceding bullets?</p>
Work materials	<p>Are their supporting materials for CISM peers (e.g. CISM intervention checklists)?</p>
Preconditions	<p>Are the spatial and temporal conditions suitable for the CISM intervention (e.g. quiet room, working time credit)?</p>

5.1.2 Quality of process checklist

<p>Standardisation and selection process</p>	<p>Are the ATCOs comprehensively informed about the CISM programme?</p> <p>Are the CISM peers selected or elected in a defined process that facilitates the necessary CISM-peer abilities?</p> <p>Is the process objective, reliable and valid in identifying CISM-peers with the necessary competences and attitudes?</p>
<p>Training process</p>	<p>Are the CISM-peers asked to assess their CISM training?</p> <p>Do they report relevant learning experiences?</p> <p>Do they assess trainer, training material, and training infrastructure (training time, facilities, etc.) as suitable?</p>
<p>CISM intervention process</p>	<p>Is the intervention initiation clearly defined and assessed positively?</p> <p>Are timeframe and room of the intervention assessed positively?</p> <p>Report the ATCOs positively on the CISM-peer behaviour during the intervention?</p> <p>Do the ATCOs assess the CISM intervention as sufficient and sustainable?</p>
<p>Information and support processes</p>	<p>Are the aims, methods and benefits of CISM interventions sufficiently transparent?</p> <p>Is the work of the CISM peers supported by supervisors and managers?</p> <p>Can the CISM peers always give feedback to and get support by the CISM programme manager?</p> <p>Are there sufficient occasions for CISM-peer supervision, exchange of experiences and further education, (e.g. CISM conferences)?</p>
<p>Management and cooperation processes</p>	<p>Is the importance of CISM for the organisational performance a topic of top management agendas?</p> <p>Are all management levels involved in these processes?</p> <p>Are contacts to other organisations with CISM programmes established and maintained with the aim of exchanging experiences and further developing CISM?</p>

5.1.3 Quality of results checklist

<p>CISM requests</p>	<p>To what extent was CISM support requested?</p> <p>After what kind of incidents?</p> <p>Are there provisos concerning CISM support?</p>
<p>Effects on ATCOs</p>	<p>Does the CISM intervention support individual coping?</p> <p>Does the CISM intervention improve emotional, mental and physical well-being of affected ATCOs?</p> <p>Does the CISM intervention support capacities of ATCOs which are relevant for professional performance?</p> <p>Does the CISM intervention change ATCOs work behaviour?</p> <p>Does the CISM intervention tackle a potential performance confinement after a critical incident?</p> <p>Does the CISM interventions accelerate recovery (e.g. reduction of general ATCO sick days/year in comparison with former data)?</p> <p>Does the CISM intervention increase individual performance?</p>
<p>Effects on ANSP</p>	<p>Does the CISM programme influence stability and quality of ATC?</p> <p>In particular, does the CISM programme improve safety culture?</p> <p>Does the CISM programme support the defined targets of the ANSP?</p> <p>Does the CISM programme influence the image of the ANSP and satisfaction of operational staff?</p> <p>Are these effects of the CISM programme known at top management level?</p>

These checklists might serve as examples of questions.

6. HANDLING OF SENSITIVE DATA

6.1. National Regulations

Many European countries have guidelines or laws for the handling of sensitive personal data.

The objectives of these acts are to implement, in the processing of personal data, the protection of basic rights of privacy. These have to be balanced with organisational and/or public interests for example fitness to work, social welfare and research. The data protection acts to promote the development of and compliance with good processing practice.

Most of the national laws contain similar rules and assign data protection authorities, on the organisational, county, state or federal level, for further guidance.

They usually have the right of access and inspection. Moreover, they may decide if the data subject's or public interests override one of the general rules described here. It is recommended to consult these authorities in the case of a CISM evaluation.

The following definitions and recommendations are taken from a translation of the personal data act 523/1999, Finland, and are related to CISM in this case.

6.2. General Rules

Most countries have legislation that controls the gathering, storing and processing of personal data. You are advised to contact your legal department on this issue as variation in data protection legislation exists in the various ECAC States. Generally the following may be seen to apply:

- **Processing of personal data for special purposes:** Processing of personal data in the context of CISM evaluation are necessary for the purposes of air traffic safety, preventive medicine, medical diagnosis, the provision of care or treatment or the management of health care services. When the data are processed by health professionals, they are subject to the obligation of professional secrecy. If the data are processed by non-medical professions, a commitment to data security should be obtained in writing (see secrecy obligation). CISM evaluation personal data may be processed also for the purpose of scientific research which cannot be carried out without data identifying the person. In this case, however, the consent of the data subjects should be obtained and/or the data should be processed anonymously i.e. without reference to names, dates of birth or other data that disclose the data subject's identity.
- **Duty of care:** The controller (here: data processing controller), shall process personal data lawfully and carefully, in compliance with good processing practice, in order to protect the data subject's privacy and at the same time promote public interests. The personal data processed must be necessary for the defined purpose (necessity requirement) and the controller shall see to that no erroneous, incomplete or obsolete data are processed (accuracy requirement). For CISM evaluation consideration should be given to the rules outlined here, the national regulations, as well as the involved national data protection authorities.
- **Defined purpose of processing:** The purpose of the processing of personal data, the regular sources of personal data and the regular recipients of recorded personal data shall be defined. In the case of CISM evaluation the purpose can be defined as monitoring the success and improving a health programme that aims at preventing harm to the data subject as well as other peoples' health and well-being.
- **Exclusivity of purpose:** Personal data must not be used for other than the predefined purposes.
- **Prerequisites for personal data processing:** Personal data shall be processed only, if the data subject has unambiguously consented to the same; processing is necessary, in order to protect the vital interests of the data subject; the data subject is connected to the controller as for example employee or client (connection requirement); if there is a research or other public interest like in the case of CISM, the maintenance of air traffic safety.

- **Anonymity:** A personal, anonymous code may be used. This allows to allocate data, for example in a within subject research design of repeated measurements to one and the same data subject. Moreover, the code which should be known only to the data subject, facilitates the access to the own data.

- **Data subject's rights:** The subject must be informed about the processing of data and given access to the own data at the presentation of the anonymous code. The access can be restricted in order to protect public order or security, the health of the data subject, the rights of someone else or the scientific research purposes. Information can be hold back only for good reason, for example if the communication of the data may significantly influence follow-up data in a scientific study.

- **Data security and storage of personal data:** The controller shall carry out the technical and organisational measures necessary for securing personal data against unauthorized access, against accidental or unlawful destruction, manipulation, disclosure and transfer, and against other unlawful processing.

- **Secrecy obligation:** Anyone who has gained knowledge of the personal data shall not disclose the data to a third person unless legally necessary. The controller and all other people involved in the data processing should sign a commitment to the principles described here.

- **Destruction of a personal data file:** If a personal data file is no longer necessary, it should be destroyed, unless specific provisions have been issued on the continued storage of the data. The latter can be the case for research purposes, which usually store data for ten years in order to facilitate re-analyses and replication studies.

7. CHECKLIST AND SUMMARY FOR THE CISM IMPLEMENTATION

Description		Check
1	Decision made to introduce a CISM programme	
2	Clear statement for implementation by the board of directory	
3	CISM programme manager was assigned	
4	Monitoring of costs established as a continuous process	
a	Material that will be used up	
b	Personnel that will be involved	
c	Contracts with other enterprises involved in the process(e.g. external CISM trainers)	
d	Governmental costs (fees, taxes, social insurances)	
e	Calculation of costs per unit (e.g. per selected and qualified CISM peer, per ATCO, etc.)	
f	Travelling costs e.g. meeting with other CISM teams, participation at EUROCONTROL SHP-SG, etc.	
g	Renting costs for rooms etc..	
5	Cooperation established: All relevant departments within the organisation are informed and involved: e.g. HR, operational management, safety management, finance, controlling, etc.	
6	Implementation started and conceived as a continuous process	
7	Basic requirements (e.g. CISM peers, MHPs, internal/external offer) installed.	
8	Decision made about adaptations of the CISM programme	
9	Decision made how to facilitate CISM (e.g. cooperation partners, qualification process)	

Description		Check
10	Promotion and communication process started and conceived as a continuous process <input type="checkbox"/> Management of organization <input type="checkbox"/> Operational management <input type="checkbox"/> Operational staff <input type="checkbox"/> Other staff members	
11	CISM peer selection started and conceived as a continuous process:	
a	Election process communicated	
b	CISM peers informed about task	
c	CISM peers acceptance obtained	
d	Sufficient number of CISM peers achieved per operational unit, if not recruit additional ones	
12	CISM peer qualification established as a continuous process	
a	Assisting Individuals in Crisis	
b	Group (small/large groups)	
c	Advanced Group (Debriefing)	
d	Strategic Response to Crisis	
13	CISM peer Supervision established as a continuous process	
a	Internal/external qualified MHP identified	
b	Supervision possible at any time	
c	Annual CISM peer debriefings	
d	Annual meeting of all CISM peers	

Description		Check
14	International cooperation established as a continuous process	
	a Contact established with EUROCONTROL (SHP-SG)	
	b Contact established with other ANSPs using CISM	
	c Contact established with IFATCA	
	d Contact established with EASA	
	e Contact established with ICISF	
	f Conferences on CISM	
15	Reporting system improving performance established	
16	Evaluation of the benefits of the CISM implementation (University) planned	
17	Quality management (QM) implemented	
	Improvement of the CISM programme	
18	Handling of sensitive data checked	

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GLOSSARY

For the purposes of this document, the following definitions shall apply.

CISM coordinator	She/he will be a member of the CISM peer team at the local unit. The CISM coordinator holds the contact to the CISM programme manager
CISM peer	Member of operational staff or same operational background who is qualified to conduct CISM interventions
CISM programme manager	Manages the CISM programme and is responsible for all the behind-the-scene activities.
Consent	Any voluntary, detailed and conscious expression of will, whereby the data subject approves the processing of his/her personal data.
Crisis	A temporary disruption of psychological balance when usual coping mechanisms fail.
Crisis intervention	Is focussing on an acute crisis. It is one part in a spectrum of care.
Crisis Management Briefing (CMB)	Briefing after an incident in structured large groups (community/ organizational, "town meetings") designed to provide information about the incident, control rumors, educate about symptoms of CIS, inform about basic stress management, and identify resources available for continued support, if desired. Performed immediately and depending on context repeatedly.
Critical incident	Any situation that causes a person to experience unusual strong stress reactions that the person perceives as disturbing or disabling.
Critical Incident Stress (CIS)	Reactions of the Autonomous Nervous System following a critical incident. The symptoms may be severe concerning emotional, physical and cognitive capabilities and behavioural changes.
Critical Incident Stress Management (CISM)	CISM is defined as comprehensive, phase-sensitive and integrated, multi-component approach to crisis/disaster intervention. It requires special training.
Data subject	The person to whom the personal data pertains.
Debriefing:	A seven-phase crisis intervention method used for small group crisis intervention. Structured conversation in groups performed by an MHP and assisted by peers between one day and four weeks after the critical incident.
Defusing	A crisis intervention method for small groups (less than ten). It should be applied on the same day provided by CISM peers and/or the internal/external qualified MHP and last no longer than one hour. The Defusing can be performed up to 12 hours after the critical incident before involved operators leave work.

Individual crisis intervention (SAFER-R)	<p>Structured (individual) conversation provided by a qualified CISM peer or in CISM qualified MHP immediately after the critical incident or mission.</p> <p>SAFER-R Model:</p> <p>Stabilize the situation and reduce stressors Acknowledge the crisis Facilitate, normalization of reactions Encourage coping strategies Recovery of the affected person or Referral to an internal or external MHP if necessary</p>
International Critical Incident Stress Foundation (ICISF)	Organisation that developed CISM programmes and promotes CISM approaches and techniques. ICISF offers certified CISM trainings.
Mental Health Professional (MHP)	Expert in mental health (psychologist or psycho-therapist) ideally trained in CISM methods and crisis intervention
Personal data	Any information on a private individual and his/her personal characteristics or personal circumstances, where these are identifiable as concerning her/his or the members of her/his family or household.
Personal data file	A set of personal data connected by a common use and processed fully or partially automatically or sorted into a card index, directory or other manually accessible form so that the data pertaining to a given person can be retrieved easily and at reasonable cost.
Post-traumatic stress	Sometimes used interchangeably with the term 'Critical Incident Stress' (CIS). These terms are used in case of short-term critical incident stress reactions after an incident happened.
Post-Traumatic Stress Disorder (PTSD)	A pathogenic version of post traumatic stress, where symptoms are enduring.
Preventive teaching and training measures	CISM training courses for operational managers, members of staff, colleagues and relatives of the above-mentioned professional groups or organisations.
Processing of personal data	The collection, recording, organisation, use, transfer, disclosure, storage, manipulation, combination, protection, deletion and erasure of personal data, as well as other measures directed at personal data.
Rest Information Transition Services (RITS)	Quick informational session applied for relief units (paramedics, firefighters) after a mission concerning a major incident. Among other purposes, it serves as a screening opportunity to assure that individuals who need assistance are identified.
Supervisors /watch managers: (operational managers)	It is their responsibility to recognize individual critical incident stress reactions and to initiate appropriate actions, as relieve the ATCO from her/his working position, take initial care of the affected person(s), offer and coordinate CISM peer support.

Support for the family/organisation:	Counselling for relatives/organisations after a critical incident has occurred.
Target groups of CISM:	<p>Management of the organisation</p> <p>Operational staff:</p> <p>ATCOs, supervisors/watch-managers</p> <p>Administration</p> <p>The whole organization should be informed about the programme.</p>
Trustee	A person, corporation, institution or foundation that processes personal data on behalf of operational staff in trust of the data subject to ensure anonymity and integrity.

ABBREVIATIONS AND ACRONYMS

ABBREVIATIONS AND ACRONYMS

For the purposes of this document the following abbreviations and/or acronyms shall apply:

ANS

Air Navigation Services

ANSP

Air Navigation Services Provider

ATC

Air Traffic Control

ATCO

Air Traffic Controller

ATM

Air Traffic Management

CEO

Chief Executive Officer CI "Critical Incident"

CIS

Critical Incident Stress

CISD

Critical Incident Stress Debriefing

CISM

Critical Incident Stress Management

CMB

Crisis Management Briefing

DFS

Deutsche Flugsicherung (Germany)

EATM (P)

European Air Traffic Management (Programme)

ECIP

European Convergence and Implementation Programme

IAA

Irish Aviation Authority

ICISF

International Critical Incident Stress Foundation

MHP

Mental Health Professional

SHP/SG

Safety Human Performance /Sub-Group

PTSD

Post-Traumatic Stress Disorder

QM

Quality Management

APPENDICES

APPENDIX A

DESCRIPTION: CISM INTERVENTION METHODS

1. Introduction

This section describes some of the CISM intervention methods and their application after a critical incident. There are benefits for ANSPs in developing common approaches and terminology so that information and resources can be shared. This does not mean that people should use the same mother language, but they shall understand the same terms to mean the same things when referring to crisis intervention.

2. Description of the Intervention Methods and their Application

a. Pre-incident education and information

Pre-incident education is an integral part of a CISM model. It should be carried out as the first step in the CISM implementation project. It is described in chapter 4.3: "Initial Implementation Phase".

b. Assisting Individuals in Crisis

Most of the crisis interventions are done face to face or one to one. Individual crisis intervention is the main intervention method used by the CISM peers. It is applied directly after the incident based on the **SAFER-R** method:

Stabilize the situation and reduce stressors

Acknowledge the crisis

Facilitate, normalization of reactions

Encourage coping strategies

Recovery of the person

or

Referral to an internal or external MHP, if necessary

Some CISM practitioners suggest that if the CISM peer is available on the scene in due time, in most of the cases there is no need for further interventions applying the SAFER-R method. It is necessary to achieve effective cooperation and communication between the supervisors/ watch-managers, the CISM peer and the involved person, based on the principles of the internal CISM policy and procedures. It is evident that besides CISM peers also supervisors/ watch-managers should get a CISM training that is tailored to the roles they will play in the CISM process.

c. Group crisis interventions

If there is more than one person affected by the incident the intervention is rather group focussed. For group crisis interventions, we can identify following categories of involved people:

1. directly involved people
2. eye witnesses
3. people who are from the same company know people involved

Important note: *It is important that a group is made up of people who have had a similar level of exposure to the incident. One should avoid amalgamating people in mixed groups. Individuals may suffer as a result of hearing from another individual's experience, which is more distressing or different to their own experience.*

1. Small group interventions

The small group intervention methods are all following certain principles, which are:

- group should be homogenous,
- process follows a predetermined structure,
- no replace for psychotherapy,
- everyone speaks for oneself,
- no note, no record, strictly confidential,
- no critique on other persons, organisations or procedures,
- it is not an investigation,
- everyone should stay in the room till the process is finished,
- no hierarchies,
- the intervention is done by trained persons (CISM peer and/or MHP)

The group intervention methods for a group of people involved are **Defusing** and **Debriefing**:

1.1. Defusing

Defusing is a crisis intervention method for small groups (less than ten). It should preferably be applied on the same day, provided by a trained team (CISM peer and/or MHP) lasting not longer than one hour. The defusing follows three phases:

Phase (1):

Introduction (introduction of the team, explanations of the process, stress confidentiality and expectations of the participants).

Phase (2):

Exploration (questions about the event, people describing and sharing their experience, assessing need for more help).

Phase (3):

Information (summarization of the descriptions of the people, normalization of the stress reactions, teaching stress coping methods and offering additional help (e.g. one to one, telephone contact numbers)).

The goals of the Defusing are to:

- reduce stress and tension,
- accelerate a return to normal functioning,
- identify individuals who may need further assistance,
- prepare the participants to accept further services if necessary.

If a defusing is missed, or if it is impossible to provide it due to circumstances beyond the control of the CISM team, then the efforts to provide the defusing should be abandoned and the team should prepare to provide a Debriefing.

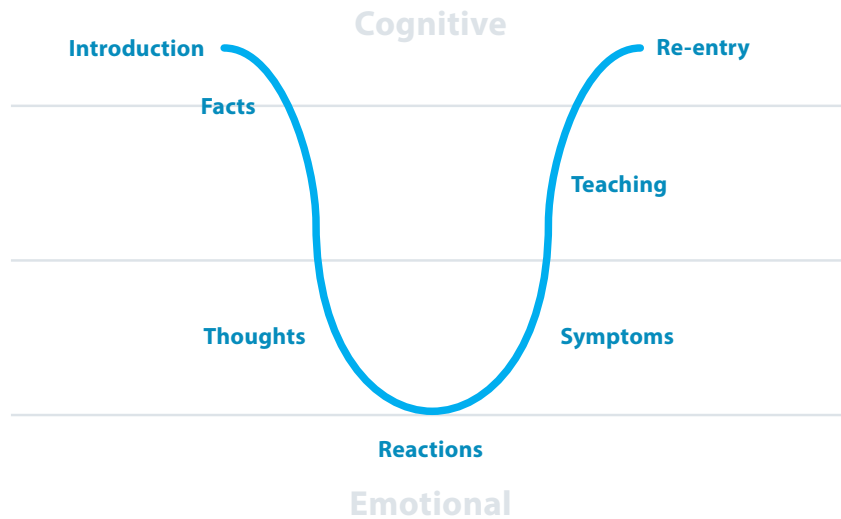
“When a defusing is not provided, for whatever reason, CISM team members should attempt to contact individuals to see if they are doing okay. Provide one-on-one support services until the Debriefing can be set up”

Statement by **Jeffrey T. Mitchell**
in a CISM seminar (2002)

1.2. Debriefing

Debriefing refers to a structured, seven-phase, group-crisis intervention method. Debriefing is used for groups (twenty people), three to five days after the incident. It is done by a MHP and trained CISM peers. The process is MHP led and CISM peer driven. It is neither a critique nor an investigation. The people in the group should have experienced equal exposure to the incident. It is a structured phase model, starting on the cognitive level, continuing to the emotional level, and ending on the cognitive level again. The provided structure follows the normal neurobiological recovery processes after CIS reactions.

Phases of the Debriefing



The seven phases of the Debriefing:

(P1) Introduction

Introduce the CISM team and describe the process of the Debriefing. Lay out the ground rules and motivate participants to talk about their experience.

(P2) Facts

The fact phase goes around the circle and asks "Who are you?" "What was your role in the event?"

(P3) Thoughts

Asking about thoughts, unusual or discomfoting thoughts.

(P4) Reactions

The reaction phase is the emotional part of the Debriefing. "What was the worst for you?"

(P5) Symptoms

Asking about symptoms or changes in behaviour. The symptom phase is the step back from the emotional level to the cognitive level.

(P6) Teaching

Teaching is an active phase for the CISM peers. Say something about stress management techniques, summarize and normalize the descriptions of the participants during the Debriefing.

(P7) Re-entry

Summarize, thank the participants, close the session. What are the next steps? Things to do?

When offering a Debriefing, good preparation in advance is necessary. The following prerequisites should be met:
-the CISM team shall allocate enough time to get the relevant information, to prepare it and to look for a homogenous group;

- the organisation shall be aware about the process, it shall offer convenient time for the Debriefing;
- the participants shall be relieved from duty;
- a "Post-Intervention" come-together should be arranged for the CISM peers
- an appropriate number of CISM peers should be available – one CISM peer for every five-seven participants.

2. Large group crisis interventions

There are two additional methods for large group crisis interventions:

2.1. Crisis Management Briefing (CMB)

The CMB is provided after a major critical incident with a large group of people.

- Mass disasters
- Natural disasters
- Workplace traumatic events
- Accidents
- Amok runs
- School crisis
- Terroristic attacks
- Etc.

The CMB is done by a representative of the organisation, a MHP and a CISM peer, the duration is about 30-45 minutes. The CMB provides information about the event, the facts, teaching and information about CIS, the CISM programme and the CISM peers available. The group could be heterogenous; it should take place in a safe environment. The goals are to reduce rumours, to engender group cohesion and to facilitate follow-up care.

“The Crisis Management Briefing (CMB) is a semi-active process. That means that there may be a brief question and answer period involving group members or a brief discussion of the traumatic experience.”

Statement by **Jeffrey T. Mitchell**
in a CISM seminar (2002)

2.2. Rest Information Transition Services (RITS)

The RITS is designed for emergency services after mission. RITS is not applicable in ANSP. Nevertheless, it is a part of the CISM programme. It provides a break before people are returning home and it is an opportunity to identify people who need more support.

“Demobilization is used to out-process large numbers of operations personnel after their first exposure to a major disaster during the first twenty-four hours of the disaster operations when chaos and fatigue are considerable factors.”

Statement by **Jeffrey T. Mitchell**
in a CISM seminar (2002)

d. Family support

In the list of the crisis intervention methods there is also one for family members. This so-called family support is an important part of the CISM programme. It can occur that the person affected by CIS reactions spreads his or her intense feelings to family members, or that changes in their behaviour cause problems at home. Family member may not know how to react and talk to the person in crisis, specifically when these reactions have never been observed before. Family support should be provided by persons trained specifically for this role. Seek the advice of a local MHP to implement this.

e. Post-intervention CISM peer debriefing

After all, do not forget your peers. They are often involved in situations, which are not “normal” for them. They need the opportunity to talk about their experience as a CISM peer. If there is no standard of care for the CISM peers they may end up in a situation where they get difficulties to recover from all what they have heard and seen.

Post-intervention CISM peer debriefings shall be an integral part of the CISM programme. CISM peers should use the post-intervention CISM peer debriefing whenever they want to, and there should be regularly CISM peer debriefings and mandatory debriefings after CISM peer interventions concerning big events / accidents.

The CISM peer debriefing or supervision can be done by an internal CISM qualified MHP, or also by corresponding external services.

APPENDIX B

CHECKLIST OF CISM INTERVENTION METHODS

Time	Target Group	Intervention	Done by	Preparation
Directly after the incident	Individuals	SAFER-R	CISM peer	<ul style="list-style-type: none"> Inform CISM peer, special room, enough time, if more than one individual involved maybe more CISM peers are needed
Same day up to 24 hours after the incident	Small groups	DEFUSING	CISM peers	<ul style="list-style-type: none"> Special room, enough time, homogenous groups
One day up to 4 weeks after the incident	Small groups	DEBRIEFING	MHP + CISM-peers	<ul style="list-style-type: none"> Special room, homogenous groups enough time, team preparation
Directly - five days or more	Individuals	REFERRAL	Internal or external MHP	<ul style="list-style-type: none"> If more need is identified, organisation of contact to MHP
Directly after incident	Large group, not directly Involved people	CMB	Representative of organisation, MHP, CISM peer	<ul style="list-style-type: none"> Sample all information, make a crisis intervention plan, offer more if needed
Directly after mission	Large group of task forces, following a large-scale incident	RITS	MHP + CISM-peers	<ul style="list-style-type: none"> Information is prepared, hotlines and other offers are available
After the crisis intervention	Family members	FAMILY SUPPORT	MHP + CISM-peers	<ul style="list-style-type: none"> Support for family members, time, preparation, location and length of visit

APPENDIX C

SAMPLE: CISM PEER NOMINATION FORM

Nomination Form	
Full Name	
Position	
Unit	

I wish to nominate myself for the consideration for selection and training as a volunteer CISM peer for the Critical Incident Stress Management Programme

Signed _____ Date _____

I wish to nominate the above named person for the consideration for selection and training as a volunteer CISM peer for the Critical Incident Stress Management Programme.
I have obtained his/her consent to this nomination

Signed _____ Date _____

Completed nomination forms should be returned to:	Mr. X
CISM programme manager	X Address.

APPENDIX D

SAMPLE: STATEMENT CHIEF EXECUTIVE

I warmly welcome the introduction of the Authority's Critical Incident Stress Management (CISM) scheme. It is designed to benefit staff engaged on operational duties in the Air Navigation Services (ANS) Directorate. The scheme was developed through consultation with psychology experts and was initiated following a recommendation from the Air Accident Investigation Unit of the Department of Public Enterprise.

The scheme conforms with EUROCONTROL CISM guidelines. It is designed to address the problems of any trauma that could result from exposure to critical incident stress occurring in the course of an employee's work. Under the scheme, a panel of trained CISM peer supporters will provide rapid front-line support and assistance to colleagues who wish to avail of the service. Ongoing training and refresher courses will be given to the CISM peer supporters and professional backup support, in the form of mental health specialists, will be available at all times.

It is gratifying to note that the CISM scheme has the full backing of all the trade unions and staff representative bodies in the organisation. The scheme provides support without prejudice to security of employment or career prospects of ANSP staff.

It will be run by staff for staff and will operate in a totally confidential manner.

B. B. Boss
Chief Executive

APPENDIX E

SAMPLE: CISM CHECKLIST OPERATIONAL MANAGERS

Example of a CISM CHECKLIST for supervisors/watch-managers could be printed in both sides of a small card:

What to remember following a Critical Incident:

- 1 **RELIEVE** the operational from the working position;
- 2 **TAKE** initial **CARE**: offer a glass of water and accompany to the room for CISM interventions. (quiet and nearby room).
- 3 **OFFER** and **COORDINATE**: contact an available CISM peer and coordinate the intervention.

DO	DO NOT
Observe	Diagnose
Consult	Judge
Offer	Moralize
Encourage	Accuse
Refer	Minimize

APPENDIX F

SAMPLE: CISM BOOKLET FOR OPERATIONAL MANAGERS

1. Purpose of the Critical Incident Stress Management (CISM) programme

ATCOs may suffer from critical incident stress (CIS) reactions after being directly or indirectly involved in a major or minor work related critical incident. Studies show that operators may be affected by CIS reactions even if nothing serious happens due to the high responsibility of the task. Critical Incident Stress (CIS) reactions may be severe and impede work capabilities. Therefore, to support ATCOs with a CISM programme became also a safety issue.

CISM is a peer-based approach to support colleagues coping with CIS reactions. The programme was developed by Mitchell and Everly in 1997 in cooperation with the University of Baltimore and is adopted by numerous ANSPs to support ATCOs to cope with CIS reactions after critical incidents. Since 2020 it is obligatory for ANSPs to implement a CISM programme according to 373/2017 EASA regulations.

CISM is an integrated and comprehensive multi-component programme with the aim to provide support to those involved in a critical incident. It comprises a number of intervention methods including pre-incident education, individual intervention, small and large groups interventions, family support, follow up and referral services.

The aim of CISM interventions are: stabilization, symptom reduction, and return to individual and work related capabilities or facilitation of access to continued care.

2. Definition of a Critical Incident

A critical incident is any situation that causes an unusual strong critical incident stress reaction that a person perceives as disturbing or disabling.

It is important to point out that the reaction towards a critical incident does not only depend on the incident itself but also on the physical and mental condition of the affected person. In context of ATC, CIS-reactions may confuse an ATCO, due to the unfamiliarity of the reactions and because she/he is not able to apply individual coping strategies. Her/his professional self-image and personal system of values may be seriously challenged.

However, not all severe incidents are necessarily traumatizing; the reaction of different individuals to the same event depends on a number of factors. For example, the personal situation of the individual affected, from a physical, mental and social point of view, and her/his individual appraisal and assessment of the situation.

3. Critical Incident Stress (CIS) reactions

Critical incident stress (CIS) is to differentiate to work related stress and strain. CIS refers to normal reactions of our autonomous nervous system to an incident. These reactions to incidents are defined as normal reactions to a sudden, unexpected, abnormal event. Generally, we recover from experiences of this kind in a manageable timeframe.

However, sometimes the impact of such an event is too difficult getting over. For people working in air navigation services this is most likely in situations where there is a human life risk (e.g. loss of separation or threatened loss of separation). In such situations, operational staff may begin questioning her/himself or lose confidence in professional expertise.

4. Recognizing CIS reactions

Some of the external signs and symptoms may include any of the following manifestations of critical incident stress reactions:

- Nausea/vomiting
- Fainting
- Shaking, trembling
- Difficulty breathing
- Dizziness/weakness
- Decreased co-ordination
- Rapid heart rate
- Muscle tremors
- Visual difficulties
- Profuse sweating
- Confusion
- Memory loss
- Difficulty making decisions
- Placing blame
- Fear/anxiety
- Panic
- Denial
- Irritability/agitation
- Anger
- Emotional outbursts
- Resentment
- Change in speech-patterns
- Continuously making self-blame statements (even if totally groundless)
- Conveying a sense of hopelessness or helplessness - "the future is black"
- Constantly fidgeting or wringing their hands
- An inability to sit still, restlessness, pacing up and down
- Expressing a strong desire to leave the site and "never to return"
- Definite efforts to avoid all contact with work colleagues
- Crying

5. Possible impairment of performance

Because of the potential impact of a critical incident some of the following impairments in job performance may occur in the immediate aftermath of the incident.

The staff member may:

- Suffer a serious blow to his sense of professional confidence and belief in his own competence - this may result in a lack of decisiveness;
- Have decreased attention and concentration which will reduce the amount of incoming data/information that they can comfortably process;
- Have a lower level of alertness and as a consequence may not pick up as many cues as normal convey to pilots etc. (through, for example, the tone, pitch and rhythm of their voice) a lack of calm, clarity and authority;
- Have a slower reaction time and a reduction in their ability to make on the spot judgements.

Note: Some affected persons may also try to cope with the consumption of alcohol or cigarettes. This is a normal way looking for solution in order to calm down the reactions. This is observable in:

- Increased consumption of alcohol
- Increased smoking

What is eminent to know that these strategies for solution are contra-productive having to deal with CIS reactions. Although this strategy is culturally anchored in western societies, however, instead of solving problems too much of these substances lead to serious health, job concerned and social problems. Within these circumstances the nervous systems in first place needs a lot of water. Therefore, it is recommendable to immediately after an incident offer a glass of water instead.

6. Immediate Recommended Action

The actions of the supervisor in the aftermath of a critical incident can have a significant impact on how staff involved cope both immediately and in the longer term. Following a critical incident, those involved commonly experience a sense of loss of control either of themselves or of events around them. This is a major stress. The provision of sympathetic support and relevant information as rapidly as possible will help significantly in restoring a sense of control and reduce the emotional impact.

The following immediate steps are recommended:

- As soon as possible, consider “standing down” the staff member for a break.
- Listen to what the staff member has to say in a non-judgmental way – avoid criticism and the expression of any angry feelings you may have. Equally, avoid minimizing the incident.
- Consider the CISM programme as a benefit to the staff member and make contact with a CISM peer - emphasize its confidential nature (see Confidentiality paragraph below).
- Inform the staff member of the list of names and contacts of the CISM team.
- If necessary, make the contact for them.
- Re-assure other staff members that their colleague is being looked after.

7. Range of assistance available

The CISM programme provides a group of trained CISM peers. These volunteers have agreed to be available outside their normal shift duty hours if necessary. The CISM peers always have a mental health professional as a backup, whenever needed.

8. Confidentiality

Probably the most crucial aspect of CISM peer support is maintaining confidentiality. The success of a programme rests upon confidentiality. The rule of confidentiality is obligatory to all CISM activities.

CISM peers are restricted from revealing the content of what is discussed during an intervention and there is no official record kept that may cause the identification of a staff member using CISM. For a supervisor, it is important to understand and respect this undertaking.

APPENDIX G

SAMPLE: INFORMATION FOR ATCOs

What is Stress?

Stress is a normal and inevitable part of life. We need to adjust, adapt and change to a wide range of demands, or stressors, that are placed upon us (e.g. at work, home and in our social lives).

Dealing with all of these demands in our lives is accomplished by means of our individual “coping strategies”. When these are working reasonably well we are in a physically, emotionally and psychologically comfortable “steady state”. When the demands placed upon us exceed our ability to cope we become “stressed out”.

Stress is a good thing in that it keeps us alert, creative and enjoying the “buzz” of life. However, like all good things, we can have too much of it. So there is a balance to be maintained – a critical incident can upset that balance.

What is Critical Incident Stress?

In psychological terms, a critical incident is **any event** which is sufficiently stressful that it threatens to overwhelm our usually effective coping strategies. Stress reactions which we experience when we are exposed to a critical incident are called “critical incident stress reactions”.

Our stress reactions to critical incidents are essentially normal reactions to a sudden, unexpected, or frightening incident which is outside the range of our normal life experience. Normally, we recover quite readily from experiences like this. However, sometimes the impact of these events on us are so great that we have difficulties getting over them.

For people working in air navigation services this is most likely to arise from situations where there is a risk to, or loss of, life (e.g. loss of separation or threatened loss of separation). In situations like this you may begin to question yourself or lose confidence in your professional expertise.

Symptoms of Critical Incident Stress

Some of the symptoms that you might experience in the days and weeks following a critical incident include:

- intrusive and disturbing recollections of the event (e.g. you can't stop thinking about it even though you want to)
- avoidance of reminders of the event which is often accompanied by emotional numbing or withdrawal (e.g. you have difficulty returning to work because of fear or anxiety)
- increased levels of arousal (e.g. jumpiness, sleeping difficulty, poor concentration or a feeling of being “cut off” from others).

The critical incident stress management programme has been designed to better cope with critical incident stress reactions.

The Authority's Critical Incident Stress Management System

In line with best practice in air navigation organisations the IAA has now established a critical incident stress management (CISM) system specifically for operational staff who may experience CIS as a result of a critical incident in the work-place.

The CISM system is composed by a group of specially selected and trained CISM peers with a backup provided by mental health professionals. CISM peers are volunteers who are themselves operational staff.

How the CISM system can help

If you were involved in a distressing critical incident at work the CISM system aims to:

- minimise the impact of the stress involved on you;
- support you in coping with CIS reactions;
- accelerate your recovery to normal as quickly as possible.

When to access the service

If you are involved in a critical incident you are strongly encouraged to access the service immediately – within hours if possible. The service will be of greatest benefit to you the earlier you use it but it is there for you at any time you require it.

How to access the service

You can access the service simply by telephoning a CISM peer of your choice provided he/she was not on duty with you at the time of the incident.

CISM peers have undertaken to be available outside they're working hours should the need arise.

From the list, you will see that there is a number of CISM peers available at each of the Authority's operational sites. You can choose one of these or, if you prefer, somebody from another site.

Confidentiality

This is a confidential support service for you. It is provided by staff for staff and supported by the Authority. The IAA will not seek to know what has passed between you and your CISM peer supporter.

You can discuss any concerns which you may have about confidentiality with your CISM peer at any time. ves operational staff.

APPENDIX H

RECOMMENDATIONS FROM COST-BENEFIT STUDY AT DFS

In 2004, a pilot study (Vogt et al., 2004) was reported which investigated the implementation of the Critical Incident Stress Management (CISM) Programme with the German Air Traffic Control Services (Deutsche Flugsicherung, DFS) under cost-benefit-considerations. The main study was meanwhile also published (Vogt et al., 2007) and it describes how CISM is used in ATC and what the specific requirements in this application area are. The main DFS CISM evaluation study is based upon 352 questionnaires from air traffic controllers (ATCOs; among them 43 CISM peers), 39 interviews with OPS room supervisors, and 11 interviews with top managers. The collected data confirm the results of the pilot study in that the programme's estimated fiscal benefits had exceeded the programme costs several times. Moreover, the study gave information about the causal chains of critical incidents (CI) impairing certain important ATCO abilities, on-the-job behaviors, and work outputs, which in turn reduce the capacity of the individual ATCO and the whole system. The immediate application of CISM in combination with time off for the rest of the work day resulted in the lowest after-effects of the CI at work.

The following recommendations are given on the basis of these results:

1. The standard procedure for the handling of CIs should be: The ATCO is immediately relieved for CISM peer consultation. The rest of the current day of the shift is spent free or at least not in operations.
2. ATCOs, CISM peers, and supervisors should be aware of the CI induced performance and process losses and the support CISM facilitates in overcoming these.
3. Operative leaders (Operational Managers) (supervisors, chiefs of sections) should be supported in their professional response to CIs which includes immediate CISM and facilitates the regeneration of performance on the individual level and maintains productivity and punctuality on the process and strategic level.

4. Top managers must be informed about the strategic impact of human factors programmes in general and of CISM in particular.
5. CISM peers should receive refresher courses on a regular basis and participate in annual CISM peer conferences to support them in maintaining the good quality of their work.
6. The different human factors, human resources, and training initiatives in an organization should be coordinated and harmonized because they interact. Three levels should be considered and linked more closely together:
 1. self management on the individual level
 2. operative leadership on the process level
 3. strategic steering on the strategic level

These 'levels' are further elaborated in Leonhardt, J. and Vogt, J. (Eds.)(2006).

7. The DFS CISM Programme evaluation study provides a useful starting point and reference for organisations wishing to evaluate their CISM programme in terms of the economic benefits to the organisations. (Vogt, Leonhardt & Pennig, 2007; Leonhardt, J. and Vogt, J. (Eds.), 2006).

Further Reading:

Leonhardt, J. and Vogt, J. (Eds.) (2006),

"Critical Incident Stress Management CISM in Aviation, Ashgate Publishing Company, Aldershot, UK.

Riedle, R. (2006),

"Importance of CISM in Modern Air Traffic Management (ATM) (pp 5-11)", In J. Leonhardt and J. Vogt (Eds.) Critical Incident Stress Management CISM in Aviation, Ashgate Publishing Company, Aldershot, UK.

Vogt, J., Leonhardt, J. Köper, B. and Pennig, S. (2004),

"Economic evaluation of the Critical Incident Stress Management Program," The International Journal of Emergency Mental Health, 6(4), 185-196.

Vogt, J., Leonhardt, J. and Pennig, S. (2007),

"Critical Incident Stress Management in Air Traffic Control and its Benefits," Air Traffic Control Quarterly, 15(2), pp 127-156, ISBN-10: 0754647382, ISBN-13: 978-0754647386.



Learn more about CISM on SKYbrary:

https://www.skybrary.aero/index.php/Critical_Incident_Stress_Management_in_ATM



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