

CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM (CISM)

Summary from March 2018 – June 2019

Question from Legislative Oversight Committee 6/28/19

“How does the agency evaluate whether the Critical Incident Stress Management Program, established to provide support services to staff, is successful? What data, if any, is tracked (e.g. customer satisfaction from staff participating in the program)?”

The Critical Incident Stress Management Program (CISM) was established in 2018, within the Division of Victim Services, under Programs, Reentry and Rehabilitative Services, to support staff who have been assaulted or otherwise experienced trauma through work-related or personal events.

In October 2018, CISM Program staff conducted focus groups with staff around the state to identify work-related safety/stress/assault concerns as a baseline within the agency before the CISM Program was fully implemented. Eight focus groups were facilitated across the state and 51 SCDC employees participated. In addition, a staff survey was broadcast to every employee in August of 2018. A total of 120 employees participated in the survey. There are ongoing efforts to analyze the impact of CISM Program at many different levels. Through partnerships with the Medical University of South Carolina (MUSC), SC-LEAP (South Carolina Law Enforcement Assistance Program) and the University of South Carolina (USC) in addition to internal activities within SCDC (evaluations, etc...), we anticipate validating the success of the CISM Program continuously.

PCIS Participants complete a research instrument that is included in a larger, multistate/multijurisdictional research project, evaluating the impact of PCIS events on law enforcement staff. These instruments are forwarded to MUSC for independent evaluation. Each participant is contacted by MUSC three, six and twelve months following their participation in a PCIS to provide additional, longitudinal information to more effectively evaluate the impact. USC is currently administering a staff wellness and resiliency survey to be sent to every SCDC employee.

The following is a summary of services that have been provided to date, through the CISM Program:

March 2018 through December 2018 the CISM provided support services to a total of **373** staff/families.

- Debriefing process of the Aftermath of Lee CI riots crisis = 255
- December, 2018 Post Critical Incident Seminar (PCIS) = 21

- Staff assaults = 59
- Hostage situation = 2
- Staff/officers witness/experienced traumatic events = 33
- Work/personal related acute stress = 3

Facilitated Focus Groups = 51 participants

Conducted Staff Survey = 120 completed survey

CISM Peer Team Members Trained = 33

From January 2019 through June, 2019 the CISM Program provided support services to a total of **363** to staff/officers/families.

CISM Peer Team Members Trained = 32

- June PCIS (Post Critical Incident Seminar) 31
- Work Related Issues:
 - Staff assaults = 55
 - Staff witnessed/involved in traumatic events = 173
 - Death of coworker = 2
 - General work-related stress = 19
- Personal Related Issues:
 - Death of loved one/grieving support = 10
 - House fire = 1
 - Personal Stress = 29
 - Personal Crisis = 2
 - Family Crisis = 9

Outreach/Education about the CISM Program = 241

The following are a few quotes from PCIS participants, describing their experience:

- “Peace that I desperately needed in my professional as well as personal life; so many coping tools to aid me in my healing process”
- “A means to move on from the incident”
- “To learn more self-control of life situations such as death, loss in a family or material things; dealing with life overall”
- “I don’t have to be afraid or embarrassed to reach out for counseling”
- “It’s okay to feel the way I do”
- “We all have a story to tell”
- “My life can finally begin again, starting now!”
- “Life-changing!”

PCIS First Day Questionnaire - Principal Participant

Name _____

Date _____

If you are attending the PCIS with anybody, name of companion: _____

1. In which state are you attending the PCIS?

- Georgia
- Kentucky
- North Carolina
- Ohio
- South Carolina
- Texas
- Virginia

2. Date of PCIS (month & year) _____

3. Date of birth (mm/dd/yyyy) _____
 Prefer not to answer

4. What is your gender?

- Female
- Male
- Prefer not to answer
- Other (Please specify) _____

5. What is your race? Please check all that apply:

- Asian
- Black or African American
- Hispanic, Latino/a or Spanish
- Native American or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Other (Please specify) _____

6. What is the highest level of education you have received?

- High school
- Some college
- Associate's degree
- Bachelor's degree
- Some graduate school
- Master's degree
- Doctoral degree
- Prefer not to answer

7. What is your current relationship status? Please check all that apply:

- Never married/partnered/committed relationship
- Not in a relationship currently
- Committed relationship
- Partnered
- Married
- Separated
- Divorced
- Widowed
- Prefer not to answer
- Other (Please specify) _____

8. Are you attending the PCIS with anybody?

- No, I am by myself
- Yes, I am with a spouse
- Yes, I am with a relationship partner
- Yes, I am with a fiancé/fiancée
- Yes, I am with a girlfriend/boyfriend
- Yes, I am with a family member
- Yes, I am with a work colleague
- Yes, I am with a friend

9. In which state do you work? _____

- Prefer not to answer

10. Are you a sworn officer?

- Yes
- No
- Prefer not to answer

11. Number of years of public safety experience (enter number only) _____

- Prefer not to answer

12. For which department do/did you work? Please check all that apply:

- City Police
- County Sheriff
- Crime Lab
- Crime Scene Investigator
- Department of Corrections
- Department of Juvenile Justice
- Department of Natural Resources/Ranger/Conservation Law Enforcement
- EMT/Paramedic
- Federal Law Enforcement
- Firefighter
- Forensic Computer Investigator
- Highway Patrol
- Internet Crimes Against Children Task Force
- Military Law Enforcement
- Pardon and Probation Agent
- State Police
- Telecommunicator/Dispatcher
- Transit Police
- University/College Police
- Prefer not to answer
- Other (Please specify) _____

13. For what reason are you at this PCIS? Please check all that apply:

- One work critical incident
- Two or more work critical incidents
- Non-work related critical incident(s) (e.g., death of loved one or illness)
- Cumulative stress from being a first responder

14. What stress management interventions have you done since your critical incident(s)? Please check all that apply:

- Defusing
- Debriefing
- Individual peer team member meeting(s)
- Primary Care Provider
- Individual mental health professional meeting(s)
- Employer EAP
- None
- Prefer not to answer
- Other (Please specify) _____

15. Have you attended any PCISs/STLSs in the past?

- Yes
- No

15a. If "Yes,"

#	PCIS or STLS?	State	Date (Month & Year)	Did you attend for the current incident(s)/ loss(es) or different one(s)?
1				
2				
3				
4				
5				

16. Which of the following did your critical incident(s) include? Please check all that apply and note that "officer" is used to represent officer, deputy, agent, special agent, ranger, etc.

- Fatally shot offender
- Non-fatally shot offender
- Fired at offender, but missed
- Shot at, but not struck
- Officer involved shooting
- Wounded in line of duty
- Physically assaulted
- Line of duty death
- Suicide of fellow officer
- Fellow officer wounded in line of duty
- Off-duty death of fellow officer
- Motor vehicle fatality
- High speed pursuit
- Suicide – called to
- Suicide – witnessed
- Suicide – offender-provoked
- Multiple casualty incident
- Incident involving children
- Injury of innocent bystander
- Death of innocent bystander
- Personally knew victim or offender
- Scene with particularly disturbing or grotesque elements
- Long duration, drawn-out incident or aftermath
- Took too long for back-up or medical assistance to arrive
- Personally undertook unsuccessful life-saving measures
- Others undertook unsuccessful life-saving measures
- Friendly fire shooting
- Believed I was going to die
- Thoughts of being powerless or helpless
- Death of a loved one
- Prefer not to answer
- Other (Please specify) _____

17. Did you experience any additional stressors related to the critical incident(s) that occurred after it? Please check all that apply:

- Offender never apprehended
- Offender not found guilty
- Excessive duration of trial
- Excessive or negative media attention
- Felt need to protect family from details
- Negative response from family members or friends
- Negative community response
- Negative response from co-workers
- Placed on medical leave
- Placed on administrative leave
- Lack of departmental support
- Worried that someone would retaliate against me
- Thought that people/groups/agencies I looked to for support turned against me
- Family had problems/conflicts because of the critical incident(s)
- Sued
- Suspended
- Fired
- Charged
- Indicted
- Prefer not to answer
- Other (Please specify) _____

18. How would you rate your communication with your significant other about your critical incident(s)?

- I communicate much less than I need to do
- I communicate a little less than I need to do
- I communicate just enough
- I communicate a little more than I need to do
- I communicate much more than I need to do
- Not applicable
- Prefer not to answer

19. How would you rate the impact of your critical incident(s) on your relationship with your significant other?

- It has made our relationship much worse
- It has made our relationship a little worse
- It has not changed our relationship
- It has made our relationship a little better
- It has made our relationship much better
- Not applicable
- Prefer not to answer

20. How many problems do you see now in your family as a result of your reactions to your critical incident(s)?

- I see many problems
- I see a few problems
- I don't see any problems
- I see less problems
- I see a lot less problems
- Not applicable
- Prefer not to answer

21. How would you rate the personal impact upon your significant other of your critical incident(s) and the aftermath of it/them?

- It has caused them significant distress
- It has caused them a little distress
- It has not affected them
- It has made them feel a little better
- It has made them feel a lot better
- Not applicable
- Prefer not to answer

22.

Please indicate whether your critical incident(s) currently impacts each of these areas.	Yes	No	Prefer not to answer
My general sense of well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My meaning in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spiritual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22a. Are there any other areas in your life that are currently impacted?

- Yes (Please specify: _____)
- No
- Prefer not to answer

23. Have you experienced another critical incident(s) besides the one(s) that brought you here?

- Yes (Please specify: _____)
- No
- Prefer not to answer

24. How would you rate your physical health since the critical incident(s)?

- Worse
- Same
- Better
- Prefer not to answer

24a. If you answered "Worse" or "Better," please specify how your health has changed. Write "Prefer not to answer" if you need to do so.

25. How would you rate the frequency of any mishaps, accidents, or injuries you have had since your critical incident(s)?

- More than usual
 Same as usual
 Less than usual
 Not applicable
 Prefer not to answer

26. Since your critical incident(s), have you ever felt you should cut down on your drinking of alcohol?

- Yes
 No
 Not applicable
 Prefer not to answer

27. Since your critical incident(s), have people annoyed you by criticizing your drinking of alcohol?

- Yes
 No
 Not applicable
 Prefer not to answer

28. Since your critical incident(s), have you ever felt bad or guilty about your drinking of alcohol?

- Yes
 No
 Not applicable
 Prefer not to answer

29. Since your critical incident(s), have you ever had a drink of alcohol first thing in the morning to steady your nerves or to get rid of a hangover?

- Yes
 No
 Not applicable
 Prefer not to answer

30. In the last month, have you been bothered by feeling like you are "spacing out" (going away in your mind), or feeling that things are unreal?

- Not at all
 A little bit
 Moderately
 Quite a bit
 Extremely
 Prefer not to answer

31.

In general, in the <i>last month</i> , how often have you done the following?	Never	Less than once a week	About once a week	Two or three times a week	Four or more times a week	Prefer not to answer
Did not care if my life ended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought about ending my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought about how I would end my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a plan for how to end my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempted to end my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. What is helping you manage the stress? Please check all that apply:

- Stress relief techniques are working for me
- My support system is effective
- I am not affected by the critical incident(s)
- Prefer not to answer
- Other (Please specify) _____

35. How do you rate the effectiveness of your coping with your critical incident(s)?

- I am coping very poorly
- I am coping poorly
- I am managing to get by
- I am coping fairly well
- I am coping very well
- Prefer not to answer

36. When it comes to my significant other and how they are doing in the aftermath of my critical incident(s):

- I am very worried
- I am a little worried
- I am not worried
- I am pleased
- I am very pleased
- Not applicable
- Prefer not to answer

37. Where are you when it comes to making sense of your critical incident(s)? (This does not mean the incident is "acceptable" to you, only whether or not you've been able to fit it into some kind of framework that explains why it happened.)

- There is no sense to it whatsoever
- I am working on this but haven't come to any conclusions yet
- I have an explanation that sometimes works for me and sometimes doesn't
- I have an explanation that now makes sense to me consistently (such as, "Bad things can happen to good people," "This was a part of God's plan," "There is evil in the world," "People get sick," and so forth)
- It is not something I have considered
- Prefer not to answer

38. If you do have an explanation(s) you use, please indicate what it is/they are below. If you would prefer not to answer, please write "Prefer not to answer."

39. Please rate how much work support you have received from your employer regarding your critical incident(s).

- I received much less than I needed
- I received a little less than I needed
- I received just what I needed
- I received a little more than I needed
- I received much more than I needed
- Not applicable
- Prefer not to answer

40. Please rate how much social and emotional support you have received from others outside of work regarding your critical incident(s).

- I received much less than I needed
- I received a little less than I needed
- I received just what I needed
- I received a little more than I needed
- I received much more than I needed
- Not applicable
- Prefer not to answer

41. How many minutes did it take you to fill out this survey?

- Less than 15 minutes
- 15-30 minutes
- 31-60 minutes
- More than 60 minutes