Axon VR

Community Engagement Training (CET)

Critical Incident Stress Management (CISM)

FACILITATOR'S GUIDE



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FACILITATOR'S GUIDE OVERVIEW & USAGE TIPS

This Facilitator's Guide is customizable, enabling you to adapt it to your specific needs for tracking trainee progress, preparing for and conducting training sessions, and debriefing and assessing trainees after they complete the CET scenario in-headset.

TRAINING SESSION PREPARATION	
NOTE: Trainers should complete the scenario in-headset at least once prior to facilitating this CET module with trainees.	
LESSON PLAN	Review the lesson plan, which provides a comprehensive overview of the CET module, including its purpose, scenario overview, trainer preparation guidance, references, and links to additional resources.
LEARNING OBJECTIVES	Review the CET module's learning objectives, identify additional learning objective skills to assess trainees on during the scenario, and add any agency-specific learning objective skills to assess.
AGENCY RESOURCES	Add agency-specific notes, including local and state resources, best practices, and pertinent guidelines tailored to your agency and community.
TRAINEE PRE-WORK HANDOUT	Provide the trainee with the pre-work handout, which offers an overview of the CET topic. The trainee should review this handout before completing the scenario in headset.
SCENARIO FLOW & DECISION POINTS	Refer to the one-page flowchart outlining the scenario's decision points and corresponding branches as needed.

TRAINEE EVALUATION	
Use the trainee evaluation form to track trainee completion and document notes on their scenario decisions. Conduct a debriefing with the trainee by asking debriefing questions and questions in the scenario assessment rubric. Print copies for each trainee and add the trainee's name, ID, and position at the top of each evaluation form to use as a training record. **NOTE**: If facilitating this CET with multiple trainees at once, use the group debriefing and group Scenario Assessment Rubric questions in the group evaluation section to debrief the group. Axon also recommends screen casting the in-headset experience for the group to observe.	
DEBRIEFING QUESTIONS	After the trainee completes the scenario in-headset, conduct a debriefing with them to provide feedback, discuss their choices and the scenario's outcome. Use the provided debriefing questions for guidance and incorporate any agency-specific debriefing questions.
SCENARIO ASSESSMENT RUBRIC	Conduct an assessment of the scenario topic with the trainee based on the CET module's learning objectives. Use the provided assessment questions for support as needed. Your assessment should also include a discussion about agency policy and a review of any pertinent local and state resources.

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LESSON PLAN

COURSE OVERVIEW	In this CET, trainees will explore Critical Incident Stress Management (CISM) techniques following a traumatic event. Through realistic scenarios, trainees learn to identify both the emotional and physical effects of critical incidents and practice peer-based defusing and debriefing methods. Emphasizing agency policy, this module highlights peer support as a vital tool in managing trauma and reinforces agency resources that support long-term resilience and well-being. After completing the experience, the trainer will conduct a debriefing with the trainee. The trainee must score 100% on the scenario assessment rubric.
IN-HEADSET VR EXPERIENCE	Trainees will begin the in-headset experience by observing how two officers respond differently to a critical incident call. Through a series of scenarios, they will witness the challenges officers face under stress, explore CISM techniques, and learn best practices for effectively supporting individuals exhibiting stress-related behaviors or symptoms following a critical incident. No VR Controllers are required; trainees will use head movements to aim a crosshair to proceed through the scenario in headset. See the scenario flow and decision points flowchart for an overview of the VR scenario and decision points branching.
LEARNING OBJECTIVES	Given a scenario with officers reacting to a critical incident, the trainee will complete the following with their agency trainer and must achieve a score of 100% on the scenario assessment rubric: • Explore the challenges officers face when experiencing stress resulting from a critical incident. • Describe the Critical Incident Stress Management (CISM) structured and supportive framework aligned with agency policy to assist officers with processing critical incidents. • Explain best practices aligned with agency policy to effectively support someone exhibiting behaviors or symptoms resulting from stress due to a critical incident.
INSTRUCTIONAL GOAL	The goal of this scenario is to equip trainees with the skills to recognize stress responses in law enforcement officers and apply CISM techniques to provide effective peer support following critical incidents.
REQUIRED MATERIALS	Available on the VR training materials page on Axon Help: • Facilitator's Guide (with lesson plan, trainee pre-work handout, and scenario assessment rubric) • Sample course roster (optional for collecting trainee names and email addresses and tracking completion)

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PREREQUISITES	None
EQUIPMENT	• Axon VR headset • Samsung VR tablet *(optional, but recommended for trainer observation through Miracast)*
DATE CET MODULE RELEASED	May 2025
FACILITATOR'S GUIDE UPDATES	N/A
COURSE LENGTH	30 minutes (in-person instructor-led training)
COURSE CREDIT HOURS	30 minutes
FACILITY LOCATION	The Training Space will be identified by the agency and must contain a virtual boundary to keep trainees safe. Training Spaces should be kept clear of objects, pets, live weapons, and other people.
TESTING / CERTIFICATION	The trainee must score 100% on the scenario assessment rubric to pass the training. **NOTE**: This curriculum is certified by the International Association of Directors of Law Enforcement Standards & Training (IADLEST) through the National Certification Program (NCP). This certification may be eligible for POST continuing education hours. To adhere to IADLEST certification requirements, trainers must use a tablet or casting device to enhance their trainee assessment capabilities. For an overview of the required steps for fulfilling the IADLEST certified curriculum requirements, see the IADLEST Overview on the VR training materials page on Axon Help.
TARGET GROUP	Public safety and law enforcement officers
INSTRUCTORS	Any agency-identified VR trainer

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GROUP RATIO	This curriculum is designed for a trainer-to-trainee ratio of 1:1. **NOTE**: If facilitating this module with multiple trainees at the same time, Axon recommends screen casting a trainee's in-headset experience for the group to observe. Use the group debriefing questions and the group scenario assessment rubric to guide your debriefing with the group.
TRAINER PRE-WORK	1. Create a VR Training Space. This is a 360° video experience that is best viewed while seated. 2. Open the CET application and download the module to the Library if it's not already present. 3. Once downloaded, complete the module in-headset at least once prior to facilitating this CET. View the scenario more than once to experience the different possible outcomes.
ADDITIONAL RESOURCES	• For assistance facilitating this CET or setting up Axon VR equipment, see the Virtual reality training page on Axon Help • For assistance screen casting the in-headset experience, see the Screen cast options article
REFERENCE LIST	• FAT FINGER. Critical Incident Stress Debriefing: What It Is and How to Do It Right. https://fatfinger.io/critical-incident-stress-debriefing. • National Interagency Fire Center. About Critical Incident Stress Management. U.S. Department of the Interior, https://www.nifc.gov/resources/taking-care-of-our-own/about-critical-incident-stress-management. • Wyllie, Doug. *Critical Incident Stress Management Interventions Help Heal First Responders*. Police1, 13 Dec. 2010, https://www.police1.com/police-products/training/services/articles/critical-incident-stress-management-interventions-help-heal-first-responders-Plybcyb6zCmsf0vZ/.

ADDITIONAL MATERIALS

Download the following optional materials from the VR training materials page on Axon Help.

SAMPLE COURSE ROSTER	Print the sample course roster to use while facilitating training to collect the names and email addresses of trainees and track completion.
CERTIFICATE OF COMPLETION	Print and provide the trainee with the certificate of completion upon successfully completing the training requirements. Based on agency policy, inform the trainee to provide a copy of the certificate to the training department for possible in-service credit.

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SAMPLE COURSE SCHEDULE

0800-0810	Trainee reviews the pre-work handout
0810-0820	Trainee completes VR scenario in-headset
0820-0830	Trainer conducts assessment debriefing with the trainee using the debriefing questions and scenario assessment rubric

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LEARNING OBJECTIVES

Given a scenario with officers reacting to a critical incident, the trainee will complete the following with their agency trainer and must achieve a score of 100% on the scenario assessment rubric:

- Explore the challenges officers face when experiencing stress resulting from a critical incident.
- Describe the Critical Incident Stress Management (CISM) structured and supportive framework aligned with agency policy to assist officers with processing critical incidents.
- Explain best practices aligned with agency policy to effectively support someone exhibiting behaviors or symptoms resulting from stress due to a critical incident.

LEARNING OBJECTIVE SKILLS

Select additional learning objective skills to assess trainees on in this module:

DE-ESCALATION & COMMUNICATION

- ☐ Active listening and conflict resolution
- ☐ Building rapport
- ☐ Communication with partner
- ☐ Empathy
- ☐ Indicators of stress after a critical incident
- ☐ Non-verbal communication

AGENCY-SPECIFIC LEARNING OBJECTIVE SKILLS

Add any additional agency-specific learning objective skills you would like to assess trainees on as a part of this scenario:

☐ ☐

☐ ☐

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AGENCY RESOURCES

This training is best augmented with agency-specific resources. Axon does not make any recommendations on agency policies.

In alignment with agency policy, consider creating a supplemental guide (or use the space below to add agency-specific notes) to share with trainees that includes the local and state resources available that are specific to your agency and community, best practices, and agency-specific guidelines.

AGENCY-SPECIFIC NOTES

TRAINEE EVALUATION (INDIVIDUAL)

After the trainee completes the VR scenario in-headset, conduct a debriefing with them to provide feedback and discuss their choices and the scenario outcome using the provided questions as a guide. Then, complete the Scenario Assessment Rubric with the trainee.

You can use the trainee evaluation form with the debriefing questions and scenario assessment rubric as a training record to record performance notes and track individual trainee evaluations. Simply print copies for each trainee.

NOTE: If facilitating this CET with multiple trainees at once, use the group debriefing and Scenario Assessment Rubric questions in the group evaluation section to conduct a debriefing with the group.

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TRAINEE EVALUATION: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

TRAINEE NAME	TRAINEE ID	TYPE
		☐ Recruit ☐ Officer

DEBRIEFING QUESTIONS (INDIVIDUAL)

EMOTIONAL AWARENESS & IMMEDIATE REACTIONS

- ☐ What signs of stress did you observe in each officer after the incident?
- ☐ How did their responses differ, and what do you think influenced those differences?
- ☐ Have you ever experienced or witnessed a similar reaction after a difficult call? How was it handled?

CISM CONCEPTS & APPLICATION

- ☐ What stood out to you about the peer support interaction between the officers?
- ☐ How did CISM principles show up in this scenario?
- ☐ What role did empathy and shared experience play in the peer support conversation?
- ☐ Why do you think Sgt. Allen waited and listened instead of immediately offering solutions?

HANDLING AVOIDANCE & RESISTANCE

- ☐ Why do you think Officer Harper was resistant to talking about his experience?
- ☐ What were some ways that Officer Lewis and Sgt. Allen approached Officer Harper that eventually opened the door to conversation?
- ☐ What are some signs that a peer might be struggling, even if they say, “I’m fine”?
- ☐ What is our agency’s policy in responding to situations like this scenario?

PRACTICAL INTEGRATION

- ☐ If you were in Sgt. Allen’s position, what would you have done the same or differently?
- ☐ What would you say to a fellow officer who seemed emotionally affected but unwilling to talk?
- ☐ How can you personally apply what you learned about peer support to your own team or shift?

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REFLECTION & READINESS

- [ ] What did this experience make you think or feel about the emotional toll of this job?
- [ ] How prepared do you feel to support a peer going through a critical incident?
- [ ] What steps can you take now to build your own resilience and help others do the same?

AGENCY-SPECIFIC QUESTIONS

- [ ]
- [ ]
- [ ]

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SCENARIO ASSESSMENT RUBRIC (INDIVIDUAL)

Given a scenario witnessing how two officers react differently after a critical incident call, the trainee will now describe how to identify the emotional and physical effects of critical incidents and peer-based defusing and debriefing methods with their agency trainer and score 100% on the scenario assessment rubric questions below.

NOTE: As part of the Assessment Rubric, Axon recommends discussing agency policy and reviewing local and state resources with the trainee.

Review the following example scenario with the trainee:

ASSESSMENT SCENARIO

Two patrol officers in your agency, Officer Daniels and Officer Kim, respond to a late-night call about a possible overdose at a suburban residence. Upon arrival, they are met by a frantic teenager who leads them inside, where they find a young adult male unresponsive on the floor, surrounded by drug paraphernalia.

Despite administering Narcan and performing CPR, the subject does not survive. The teenager who called 911 is the victim's younger brother. Their parents arrive on scene minutes later, distraught and screaming. The younger brother clings to Officer Daniels, sobbing uncontrollably. The officers remain on scene for an extended time, helping secure the scene and assisting detectives and the coroner.

At roll call two days later, you notice behavioral changes in **both officers**:

- **Officer Kim** is quiet, withdrawn, and avoids eye contact. She barely speaks during briefing and volunteers for the most low-contact assignments.
- **Officer Daniels** is unusually irritable and snappy, slamming a locker and snapping at a joke made by another officer. Later in the day, he is overheard telling a civilian, "People like you are why we find bodies in houses."

Another officer comments that Daniels "hasn't been sleeping" and has had a short fuse since the call. Meanwhile, Kim turns down an invite for post-shift dinner, saying she "just wants to be alone."

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Q1: What are some potential signs or symptoms of critical incident stress in Officer Daniels and Officer Kim?	
☐ **PASSING RESPONSE**	The trainee clearly articulates at least two of the following signs or symptoms of critical incident stress for each officer: **Officer Daniels**: • Irritability and anger: slamming his locker, snapping at a joke, and being rude to a civilian. • Verbal aggression or loss of professionalism: the comment to the civilian ("People like you are why we find bodies in houses") reflects impaired judgment and emotional distress. • Sleep disturbances: reported by a colleague, possibly contributing to his emotional volatility. **Officer Kim**: • Withdrawal and social isolation: avoiding eye contact, staying quiet during roll call, and turning down an invite to socialize. • Reduced communication: not engaging during briefing, avoiding interaction with peers. • Avoidance behavior: choosing low-contact assignments may be a sign of trying to distance herself emotionally from future stress.
☐ **FAILING RESPONSE**	The trainee fails to articulate any of the signs and symptoms above or conveys the opposite of the proposed signs and symptoms.
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Q2: How would you approach the officers to check in and offer support?	
☐ **PASSING RESPONSE**	The trainee clearly articulates at least three of the following approaches to check in and offer support: • Use active listening skills and effective communication techniques: maintain eye contact, use nonverbal cues, paraphrase and summarize, reflect feelings, avoid interrupting, ask open ended questions, stay neutral, validate emotions • Approach in a private, low-pressure setting, perhaps after shift or during a quiet moment. • Offer empathy and presence more than solutions. Give them space to talk or just know someone sees them. • Approach with concern, not criticism *(Example: "Daniels, that scene was rough for everyone. I heard you've been having trouble sleeping—want to talk about it?")* • Acknowledge their emotional state while offering options *(Example: "You're not alone. Peer support or even just venting to someone could help take some weight off.")* • Use a non-confrontational tone *(Example: "Hey, I noticed you've been a little quieter than usual. That was a tough call the other night. I just want to check in—how are you holding up?")*
☐ **FAILING RESPONSE**	The trainee fails to articulate any of the approaches to check in and offer support or conveys the opposite of the proposed approaches.
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Q3: If you were the peer support officer or supervisor, what would be your next steps? Include both informal and formal CISM options.	
☐ **PASSING RESPONSE**	The trainee clearly identifies at least two informal and formal CISM options available in your agency, *which may include the following based on your agency policy*: **Informal steps**: • Personally check in with both officers to create a safe space for sharing. • Encourage rest, peer connection, and time away from emotionally intense calls, if possible. • Validate their reactions as normal responses to an abnormal event. **Formal CISM options**: • Offer or schedule a defusing session within 8–12 hours post-incident if not already done. • Follow up with a debriefing session facilitated by trained peer support and/or a mental health professional. • Connect them with ongoing counseling services available through the department and monitor them for further signs of stress.
☐ **FAILING RESPONSE**	The trainee fails to accurately identify at least two formal and informal CISM options available in your agency.
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Q4: Based on our agency's policy, what CISM resources (including peer support and wellness programs) could you offer to these officers, or consider using yourself if needed in the future?	

☐ **PASSING RESPONSE**	The trainee clearly identifies at least two CISM resources available in your agency, *which may include the following based on your agency policy*:
	• Trained agency staff and mental health professionals
	• Pre-incident agency stress education and training
	  ○ Available through an employee handbook, workshops, and/or training seminars
	  ○ Foundation for CISM services, including incident awareness, crisis response strategies, and stress management coping skills
	• Critical Incident Stress Debriefing (CISD)
	  ○ Occurs 24-72 hours after a critical incident
	  ○ Confidential, non-threatening, and structured group meeting facilitated by a specially trained team which includes professional and peer support personnel with discussion of involvement, thoughts, and experiences resulting from the incident
	  ○ Based on core principles of crisis intervention, provide emotional support and coping mechanisms to mitigate the long-term impact of the critical incident, accelerate the recovery process, restore morale, keep officers at work, and identify individuals who might need additional services
	• Individual crisis intervention and follow-up
	  ○ Licensed mental health personnel (face-to-face or by telephone)
	• Peer support programs
	  ○ Agency CISM team
	  ○ Volunteer peer support
	  ○ Mentorship
	• Resilience training

☐ **FAILING RESPONSE**	The trainee fails to accurately identify at least two of the CISM resources available in your agency.
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TRAINEE EVALUATION (GROUP)

If facilitating this CET with multiple trainees at once, use these group questions to conduct a debriefing with the group. Add additional questions as needed.

DEBRIEFING QUESTIONS (GROUP)

- [ ] What were some of the different ways stress showed up for the officers? Did anyone notice something others might have missed?
- [ ] What are some reasons someone might avoid talking about what they're going through?
- [ ] What are some helpful things you could say to a peer who seems withdrawn after a tough call?
- [ ] What moments in the experience stood out to you emotionally, and why?
- [ ] Did you see any part of yourself in either officer's reaction? Who connected with Harper? Who connected with Lewis?
- [ ] How does our culture around mental health and stress influence how we might respond in real life?
- [ ] What do you think we, as a team, can do to better support each other after a tough call?
- [ ] Has anyone here seen or been a part of peer support that worked well—or didn't? What made the difference?

AGENCY-SPECIFIC QUESTIONS

- [ ]
- [ ]

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SCENARIO ASSESSMENT RUBRIC (GROUP)

- [ ] What are some additional potential signs or symptoms of critical incident stress?
- [ ] What are some other ways you could approach another officer to check in and offer support?
- [ ] What are some other informal and formal CISM options you could offer (based on our agency policy)?
- [ ] What additional CISM resources (including peer support and wellness programs) are available with our agency?

AGENCY-SPECIFIC QUESTIONS

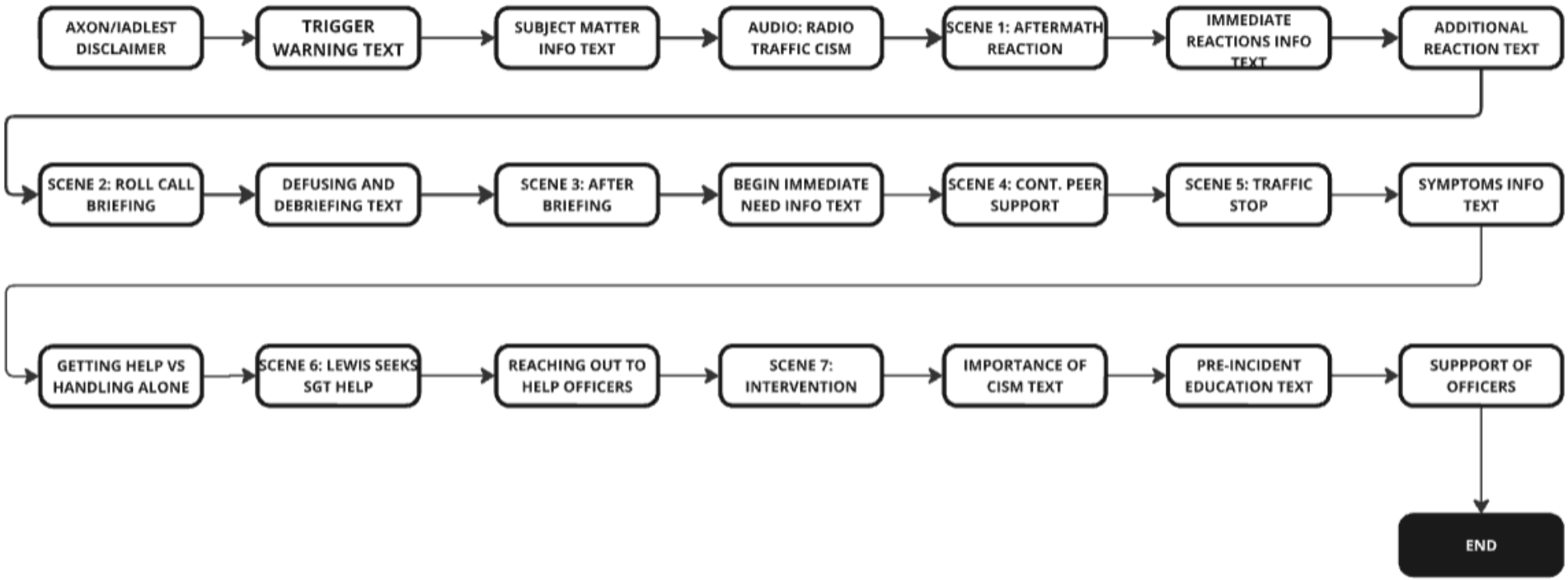
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SCENARIO FLOW & DECISION POINTS

The flowchart below displays the trainee decision points and their respective branches in the scenario.



TRAINEE PRE-WORK HANDOUT: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

Purpose: This handout provides an overview of Critical Incident Stress Management (CISM) techniques to help officers understand, empathize, and communicate effectively while supporting fellow officers during and after traumatic events and critical incidents.

Review this handout prior to completing the VR scenario in-headset

MANAGING CRITICAL INCIDENT STRESS

By understanding and applying CISM strategies, officers can effectively support themselves and their peers in managing stress from critical incidents. Effectively supporting officers experiencing stress due to a critical incident requires a combination of proactive coping strategies, self-care techniques, active communication, and access to professional resources.

By following best practices aligned with agency policy, officers can foster resilience, promote psychological well-being, and ensure that both themselves and their colleagues receive the necessary support to navigate the challenges of high-pressure situations.

WHAT IS A CRITICAL INCIDENT EVENT?

A critical incident event is an unusual or violent event that often includes distressing sights, sounds, and intense emotions. These events can:

- Produce immediate or delayed emotional reactions
- Be perceived as life-threatening or overwhelming or renders an officer helpless to change the outcome
- Break normal coping mechanisms, leading to extreme psychological distress
- Cause Post-Traumatic Stress Disorder (PTSD) if not effectively managed

COMMON TYPES OF CRITICAL INCIDENTS

Officers frequently encounter critical incidents that pose significant emotional and psychological challenges, ranging from violent encounters to tragic losses, all of which can have lasting impacts on their well-being and resilience, including:

- Shootings
- Serious accidents
- Natural disasters
- Officer-involved shootings
- Line-of-duty deaths and serious injuries
- Child victim cases
- Suicides within the agency
- Mass-casualty incidents

CRITICAL INCIDENT SIGNS & SYMPTOMS

Recognizing the signs and symptoms of critical incident stress is crucial for early intervention and effective support, as stress can manifest in physical, emotional, behavioral, cognitive, and interpersonal ways, impacting an officer's well-being and professional performance. Some common signs and symptoms include:

- **Physical symptoms**: Headaches, fatigue, insomnia, sweating, muscle tension, faintness, digestive issues, vomiting, rapid heart rate, thirst, chills, nausea, or changes in appetite
- **Emotional symptoms**: Anxiety, fear, irritability, anger, sadness, frustration, depression, guilt, mood swings, numbness, or feeling overwhelmed
- **Behavioral changes**: Social withdrawal, substance abuse, changes in sleep/eating habits, risky behaviors, avoiding reminders of the incident, restlessness
- **Cognitive symptoms**: Difficulty concentrating, confusion, memory disruption, poor attention span, intrusive thoughts or flashbacks of the incident, hypervigilance, impaired decision-making, time distortion (time slows down or accelerates), sound distortion (muffled sounds or no sounds), or visual distortions (tunnel vision or heightened sense of visual detail)
- **Interpersonal challenges**: Strained relationships (with colleagues, friends, or family members), difficulty communicating feelings or expressing emotions

IDENTIFYING TRIGGERS & RISK FACTORS

Understanding the triggers and risk factors associated with critical incident stress is essential in recognizing how officers may respond to trauma, what influences their coping mechanisms, and the barriers that may prevent them from seeking necessary support. Some common triggers and risk factors include:

- **Cultural factors** influencing stress reactions and coping mechanisms
- **Events or situations** that can trigger memories of past traumatic calls that officers thought they had overcome
- **Fear of stigma**, **performance reviews**, or **fitness-for-duty evaluations** leading to suppressed and concealed symptoms from peers and supervisors

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CISM FRAMEWORK

Critical Incident Stress Management (CISM) is a structured, confidential intervention that helps officers process trauma from critical incidents. Co-led by mental health professionals and peers, it reduces PTSD risk through voluntary support and includes strategies before, during, and after incidents to promote recovery and assess ongoing needs. **Follow your agency's CISM framework** to support fellow officers processing critical incidents effectively.

PRINCIPLES & GOALS

- **Mitigate** the immediate and long-term impact of traumatic events
- **Support** officers in accelerating their recovery process and emotional resilience
- **Identify** the need for additional support services for continued care

INTERVENTION TOOLS

CISM uses structured interventions—from immediate group discussions to formal debriefings—to help officers process critical incidents:

- **Demobilization**: One time and timely (end of shift) group information processing
- **Crisis management briefing**: Town-hall style large group session addressing concerns, controlling rumors, and providing resources for continued support
- **Defusing**: Informal, confidential, small-group discussions with peer support team to assess how those involved are reacting and gauge emotional states
- **Debriefing**: Formal, structured discussion with ground rules about emotional responses and education around PTSD and mental health resources

ELEMENTS

- **Trained support**: Trained agency staff and mental health professionals
- **Pre-incident stress education and training**: Workshops, training seminars, and employee handbooks
- **Critical Incident Stress Debriefing (CISD)**:
  - Conducted 24-72 hours post-critical incident
  - Confidential, non-threatening structured group meetings facilitated by trained personnel, including peer support
  - Provides emotional support, coping mechanisms, and morale restoration to mitigate the long-term impact of the critical incident, accelerate the recovery process, restore morale, and identify those who may need additional services
- **Individual crisis intervention**: One-on-one support with licensed professionals
- **Peer support programs**: Agency CISM team, volunteer peer support, mentorship
- **Resilience training**: Helps officers build emotional and psychological strength

CISM BEST PRACTICES

COPING STRATEGIES FOR MANAGING STRESS

Managing stress effectively in high-pressure situations is essential for maintaining psychological well-being and job performance. Implementing proactive coping strategies can help officers build resilience, enhance mental health, and sustain long-term emotional stability. Some coping strategies include:

- Maintain physical fitness
- Make healthy lifestyle choices
- Practice self-compassion and mindfulness
- Participate in stress management training programs
- Seek professional help when necessary
- Use agency Employee Assistance Programs (EAPs)
- Reflect on personal experiences and lessons learned from critical incidents

SELF-CARE TECHNIQUES

Practicing self-care is crucial for managing and reducing the impact of stress, especially in high-pressure environments. Some self-care techniques include:

- Relaxation exercises, meditation, and mindfulness
- Physical activity and self-reflection
- Establish boundaries and develop strategies for work-life balance
- Open communication with colleagues and family
- Set realistic expectations

BEST PRACTICES FOR OFFERING SUPPORT

- Use active listening and effective communication: maintain eye contact, use nonverbal cues, paraphrase, summarize, reflect feelings, avoid interrupting, ask open-ended questions, stay neutral, validate emotions, and show empathy
- Move discussions to a quiet, less-crowded safe space
- Use Cognitive Behavioral Therapy (CBT) breathing and grounding exercises

SUPPORT RESOURCES

Use the resources aligned with agency policy to provide appropriate referrals and support, including:

- Agency mental health and peer support services
- Community mental health resources and crisis intervention programs

References:

- National Interagency Fire Center. About Critical Incident Stress Management. U.S. Department of the Interior, https://www.nifc.gov/resources/taking-care-of-our-own/about-critical-incident-stress-management.
- FAT FINGER. Critical Incident Stress Debriefing: What It Is and How to Do It Right. https://fatfinger.io/critical-incident-stress-debriefing.
- Wyllie, Doug. *Critical Incident Stress Management Interventions Help Heal First Responders.* Police1, 13 Dec. 2010, https://www.police1.com/police-products/training/services/articles/critical-incident-stress-management-interventions-help-heal-first-responders-Plybcyb6zCmsf0vZ/.