



## Interagency Wildland Fire Peer Support Mental Health Care Clinicians Roles and Expectations

### Overview – The International Critical Incident Stress Foundation Model

[Interagency Critical Incident Support Groups](#) (CIPS) use the International [Critical Incident Stress Foundation](#) (ICISF) model for their formally established training and crisis intervention standard of care. CIPS personnel are trained to work with clinicians in the delivery of Crisis Management Briefings (CMB), Defusing's, Debriefings, one-on-one support and/or variations of these crisis intervention techniques. All CIPS personnel are trained and certified by the ICISF in Group Crisis Intervention and Assisting Individuals in Crisis. CIPS Group Leaders are highly skilled, experienced and trained in both Basic and Advanced ICISF Peer Support.

### Our Meeting Format

Prior to any crisis intervention, the CIPS Group Leader and clinicians will meet and agree to the appropriate ICISF intervention techniques, format and the roles each will perform during the process. It is the responsibility of the Peer Supporters, through their presentations, to help the affected personnel get comfortable with the clinician and their role in the process. The role of CIPS Group clinician is to provide affected individuals any information the clinician feels appropriate during and after the peer supporter's presentations. CIPS group clinicians are also there to address any issues which are outside of the Peer Supporters training and established boundary of competence. The clinicians are free to apply their expertise, as they deem necessary. When there is a need for the clinician's role to expand (Defusings/Debriefings) the peer supporters' role will change to one of support as the clinician directs the intervention toward the information they feel is essential. When the clinician is finished presenting, the meeting will be closed out by the CIPS Group Lead. Do to the ad hoc nature and extremely vast, very rural, areas protected by the wildland fire community the assigned clinician should factor in the limited availability of any follow up care (EAP) that is offered.

### The "Module" Concept

The [wildland fire culture](#) is centered around various types of firefighting resources. The most common resources affected by a critical incident include [engine crews](#) (3-7 individuals), [hand crews](#) and [hotshot crews](#) (20 individuals), [helitack crews](#), [smokejumpers](#) and other aviation resources, and dispatchers. It will often include various local management personnel (overhead). These individual firefighting resources are often referred to as "crews" or "modules." Wildland fire crews or modules can be very close knit groups of people who live and work together for long periods of time. They are assigned to fires nationally as well as internationally and work in very remote areas under hazardous conditions.

Given this culture, these individuals will usually only be receptive to meeting CIPS Groups with their entire crew or module present. As such it is essential for the CIPS Group's peer supporters to integrate the clinician into the module's trust so they get the most benefit in a group setting. The CIPS Groups are part of the culture so they view the members of the module or crew itself as a primary part of each other's natural coping and support system along with family and outside of work sources.

Since these modules are used throughout the country every effort is usually made to return them to their "home unit" prior to meeting with a CIPS Group. However, several CIPS groups may be assigned at one time to respond to the unit the incident occurred on as well as the unit the module is from. A clinician traveling with a CIPS Group can expect to meet with affected individuals who are away from their homes and natural support system. They will only receive follow-up care if they seek it out once they arrive back at their home unit.



## The Process

The facilitator of the crew or module meeting is usually the CIPS Group Lead but may also be CIPS Group member. Module meetings are usually a combination of a Crisis Management Briefing and a Defusing or a Debriefing depending on which intervention the clinician feels is warranted. The meetings are often started in a circle to facilitate a more seamless transition to a Defusing/Debriefing. The CMB segment of the meeting follows the standard format which allows for the peer supporters to begin to “break the ice” with the personnel involved. In most cases the Lead Peer Supporter will facilitate a review of the “Reactions to Crisis and Trauma” handout with each of the peer supporters covering predetermined topics. The peer supporters will also use their presentations to integrate the clinician with the group during their discussions. When the peer supporters finish their sections, the CIPS Group Lead will ask the clinician if they would like to add anything. The CIPS Group clinician is encouraged to speak during the CMB about whatever topics they feel are appropriate at the time. The clinician can also use this opportunity to break out and start the Defusing/Debriefing process if they feel the situation warrants. During a debriefing the clinician should facilitate and the peer supporters will follow the lead of clinician. When the clinician has finished the debriefing or defusing process the CIPS Group Lead will wrap up the meeting.

## Meeting Logistics

Whenever possible, CIPS groups try to arrange to hold the interventions “off-site” and a way from government facilities. We often utilize a hotel conference room so that we have an area that is quiet, private and free of interruptions from office paging systems, other employees etc.

We have also found it helpful to arrange for food and beverages. When possible we will start a meeting around 1000 and after an hour or so break for lunch. By sharing lunch together we have an opportunity for one on one conversation in a less structured format. Further, providing lunch, fruit, juice, coffee tea etc. may offer a form of “comfort” and draw people in.

Note: When meeting with specific groups such as hotshots, helitack, smokejumpers, engines, etc. at their home unit, our interventions will often take place at their station or base. These are locations where they feel most at home.

We will also offer to meet with lesser affected personnel in the field (on fires) and will, when warranted, make ourselves available to travel to fire camps, spike camps, air tanker bases, dispatch centers and other support centers. (See appropriate clinician dress and attire on the last page).



## Debriefings

The CIPS Group members are trained to support the clinician during the Debriefings. It should be noted that “Debriefing” has become a misused, overused and misunderstood generic term within the wildland fire community for CISM and CIPS related activities. Most requests received are for a “Debriefing” and many people refer to every process as a “Debriefing” including Crisis Management Briefings. The CIPS Group Lead will defer to the clinician when determining which processes is warranted. Should a Debriefing be done the team clinician should have the lead role and peer supporters should operate in a support role. Peer Supporters should never attempt to do a Debriefing without a clinician present.



## Dress and Clothing

Dress for assignments is casual. The personnel you will be meeting with often spend days away from home and without showers while they are on the fireline. Your attire should be relaxed with no dress pants, skirts, dress shirts, business suits, coats/jackets or ties. Jeans, tab front or button shirts and casual shoes, sandals, tennis shoes or hiking boots are welcome. Many of our assignments are in very scenic locations at higher elevations. A wise Clinician always has a sweater, sweatshirts or coat even in August....

## Travel Requirements

The wildland fire community, while surprisingly small in numbers, covers extremely vast and varied geographic areas. The nation has ten wildland fire "geographic areas" with Coordination Centers located in Atlanta, Milwaukee, Denver, Albuquerque, Salt Lake City, Missoula, Ontario and Redding California, as well as Portland, Oregon and Fairbanks, Alaska. The National Coordination Center is located in Boise, Idaho. Orders for Interagency Peer Support Groups are requested through these coordination centers based on the geographic area where the incident occurred.

Clinicians assigned to CIPS Groups may be required to travel to many locations, quite often in remote areas, which are hours apart to meet with affected personnel. These individuals or modules/crews may still be in the area where the critical incident occurred and not at home. If another CIPS Group has not been assigned at the home unit, we may be required to travel to that location and provide support there as well. Numerous groups in a vast variety of locations may need our support so we "triage" or prioritize which locations we will intervene first.

The CIPS Groups are adaptable to the needs of the affected personnel and travel is required to meet these needs. A great deal of flexibility will be required of the entire group when we are on the road. Many of our meeting locations are in warehouses, barracks and fire camps. Relocating in the evening so we are on-site for the next day's meetings is common. Our remote locations generally offer sporadic, limited though unique, dining and lodging opportunities.

We generally travel by car (agency or rental) as commercial air service is usually only available to major hubs often not near our incident locations. If you are asked to rent a vehicle and long distance solo travel across remote country isn't something you are comfortable with, let the CIPS Group Lead know. A group member will be assigned to accompany you.

