

D5 ATs Care
PEER-SUPPORT/CISM TEAM
Mid-America Athletic Trainers Association
Policies and Procedures

Introduction

D5 ATs Care is the Critical Incident Stress Management (CISM)/peer-support program of the Mid-America Athletic Trainers' Association (MAATA). D5 ATs Care exists to assist Athletic Trainers (AT) when they are affected by a critical incident or traumatic event. The overall mission and goals of the D5 ATs Care program are outlined in its mission statement, which is presented here:

Mission Statement

The mission of D5 ATs Care is to help develop and support Critical Incident Stress Management (CISM)/peer support programs for athletic trainers. The D5 ATs Care program is in place to provide the following resources:

- Education for athletic trainers about CISM, post-traumatic stress and their effects both in the workplace and in one's personal life.
- Psychological and emotional support to athletic trainers through on-scene support, debriefing intervention, post-incident defusing or one-on-one interaction.
- A network of athletic trainers trained in CISM and psychological first-aid to serve as a resource for Athletic Trainer CISM teams.

The D5 ATs Care Team is comprised of athletic trainers who have been specially trained in Crisis Intervention and Stress Management techniques and who work in conjunction with Mental Health Professionals who specialize in providing support to healthcare professionals.

Core principles of D5 ATs Care

- Commitment to confidentiality
- Rapid response to appropriate requests for support.
- Emphasis on the importance of providing peer support services using athletic trainers.
- Education and support services in keeping with ICISF guidelines.
- D5 ATs Care is able to provide and support immediate crisis intervention. *D5 ATs Care is not intended to replace professional counseling or mental health services.*

Constituency served

The CISM/peer support team is in place to provide critical incident support services to Athletic Trainers and Athletic Training Students. They also provide CISM training for MAATA members. The National

Athletic Trainers' Association (NATA) ATs Care program is available for support and assistance as requested by the D5 ATs Care Team.

Definitions

ATs Care- ATs Care is the peer-support/CISM program of the National Athletic Trainers' Association, Inc. (NATA).

D5 ATs Care Team- The D5 ATs Care Team is the group of individuals who are trained in CISM interventional strategies that provide individual and group CISM support for Athletic Trainers across the country. The members of the D5 ATs Care Team is a group of trained ATs that actually provide support services. Oversight of the team and management concerns are handled by the District 5 Representative of the NATA ATs Care Committee.

Athletic Trainer- An individual certified as an Athletic Trainer by the Board of Certification, Inc. and/or licensed as an athletic trainer in the state or region in which he/she practices athletic training.

Athletic Training Student- An individual enrolled in an Athletic Training Program currently accredited by the Commission on Accreditation of Athletic Training Education (CAATE) and is participating in clinical education activities in compliance with CAATE standards.

Board of Certification, Inc. (BOC)- The national credentialing body for Athletic Trainers.

Clinical Director- A mental health professional with specific training in CISM who provides oversight and serves as a resource to the team.

Commission on Accreditation of Athletic Training Education (CAATE)- The organization that accredits athletic training educational programs.

Critical incident- Unusually challenging events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms.

Critical Incident Stress Management (CISM)- A comprehensive, phase sensitive, and integrated, multi-component approach to crisis/disaster intervention.

D5 ATs Care- ATs Care is the peer-support/CISM program of the Mid-America Athletic Trainers' Association, Inc. (MAATA).

International Critical incident Stress Foundation (ICISF)- An international foundation that provides CISM services in multiple countries and training for individuals interested in becoming a part of a crisis management team, or for an organization that is dedicated to helping individuals or groups recover from incidents.

Peer-support- CISM and post-traumatic event intervention and support provided by a trained peer.

Team Leader

The Team Leader of the D5 ATs Care peer-support CISM team is the District 5 Representative of the NATA ATs Care Committee. The roles and responsibilities of the Team Leader are as follows:

The Team Leader is responsible to coordinate and oversee the functions of the D5 ATs Care Team under the MAATA policies and procedures for committee chairs. The Team Leader works with the NATA ATs Care Committee staff liaison to insure the smooth operation of the D5 ATs Care team. The responsibilities of the Team Leader include, but may not be limited to the following:

- Schedule and conduct team meetings
- Work with the staff liaison to prepare meeting agendas
- Communicate regularly with staff liaison
- Work with the staff liaison and MAATA Board of Directors (BOD) liaison to prepare an annual budget
- Work with the staff liaison and BOD liaison to prepare requests and proposals to be presented to the BOD
- Work with the ATs Care Committee staff liaison to develop and maintain appropriate records of finances, requests for peer-support/CISM intervention, educational and training projects and other committee activities.
- Report team activity to the BOD as requested
- Communicate with Clinical Director
- Serve in the function of ATs Care CISM team leader
- Communicate with the ICISF as necessary on team related matters.
- Evaluate team members

Vice-Team Leader

Due to the unique role of the D5 ATs Care peer-support team, it is in the best interest of the program to structure team leadership to allow for seamless operation of the program in the event of unforeseen situations. A vice-team leader is selected by the D5 ATs Care Team to assume the responsibilities of the team leader in the event he/she becomes unavailable or unable to perform the duties of Team Leader. Examples of situations in which this may be necessary include (but are not limited to):

- Illness or injury to the Team Leader.
- A situation in which the Team Leader is the individual in need of peer-support/CISM services after experiencing a traumatic event or critical incident.
- Request for short term leave or respite.
- Request for situation specific assumption of leadership by the vice-team leader.

The vice-team leader of the D5 ATs Care Team of the MAATA works in cooperation with the Team Leader. The roles and responsibilities of the vice-team leader are as follows:

The vice-team leader assumes the role of the team leader of the D5 ATs Care Team in the event the team leader is unavailable or unable to perform his/her duties. He/she is responsible to coordinate and oversee the functions of the D5 ATs Care Team under the MAATA policies and procedures for committee chairs until the team leader is able to resume the responsibilities of the position. The vice-team leader works with the NATA ATs Care staff liaison to ensure the smooth operation of the D5 ATs Care team.

District 5 Representative/Committee Members for NATA ATs Care Committee

Responsibilities

- District 5 representative to the ATs Care committee are responsible for activities routinely expected of district level members of NATA committees as outlined by NATA policies and/or procedures.
- Specific responsibilities of ATs Care committee members include:
 - Communicating information regarding ATs Care, training and educational opportunities to the district and state level leadership.
 - Work with the district leadership to assist in deciding the appropriate model for structuring ATs Care peer-support/CISM teams in their district. (Appendix A.)
 - Serve in an ATs Care leadership role as determined by the district leadership.
- Participate in one or more of the committee sub-groups. (Appendix B)
- Members of the ATs Care committee should complete the following training:
 - Advanced Assisting Individuals in Crisis
 - Advanced Group Crisis Intervention
- Members of the ATs Care committee should complete ICISF instructor training in Assisting Individuals in Crisis and/or Group Crisis Intervention.

Clinical Director

Responsibilities

- Providing clinical oversight for all D5 ATs Care CISM activities involving team members.
- Offering clinical guidance to D5 ATs Care Team Leader and the team.
- Advises the team on clinical matters related to CISM, CISM interventions, and emergency mental health matters.
- Serves as a resource to the team leader of the D5 ATs Care Team when necessary in determining the need for a formal debriefing if one is requested.
- In the event of a large-scale incident for which D5 ATs Care CISM support is requested, is available to assist in arranging on-site supervision of CISM activities.
- Attend a meeting of the D5 ATs Care Team at least once annually.
- Serves as a resource to the Team Leader of the D5 ATs Care Team for development of appropriate annual CISM team continuing education.

D5 ATs CISM Team

The D5 ATs Care Team differs from the ATs Care committee in that it is the group of Athletic Trainers who have received training in individual and/or group crisis intervention and have applied to and been accepted to the team. The team is responsible for providing peer-support and CISM services to Athletic Trainers and athletic training students as requested.

Membership on the D5 ATs Care Team is through application to the D5 ATs Care team leadership. Team membership is reviewed every three years. Members must indicate their willingness to continuing to serve on the team.

General guidelines are as follows:

- All D5 ATs Care team members must be current members of the NATA in good standing.
- Members of the D5 ATs Care team must also be BOC Certified or Certified Retired and hold current required state level credentials to practice Athletic Training. All credentials must be in good standing.
- All D5 ATs Care team members must have an NPI number.
- D5 ATs Care team members must have completed the following training:
 - Assisting Individuals in Crisis
- A minimum of 3 years of experience as a practicing Athletic Trainer is required for the D5 ATs Care team.
- All D5 ATs Care Committee/Team members will operate within the ATs Care Code of Ethics. (Appendix A)

CISM team members- The role of D5 ATs Care team members is to provide critical incident support to colleagues in the event of a traumatic event or critical incident.

Funding

Support for the D5 ATs Care initiative is provided by the MAATA via approval of the Board of Directors.

Functional Model- D5 ATs Care team functions under the CISM model commonly referred to as the 'Mitchell Model" (Everly and Mitchell, 1997). Individual peer-support interventions are based on the SAFER-R methodology (Everly, 2016).

Training

D5 ATs Care team members are required to meet the following training requirements.

Completion of a CISM course or training does not automatically place the member on an ATs Care team. The AT must apply for and be accepted to team membership. District and State ATs Care teams each may have their own procedures and criteria for team membership.

Required training for the D5 ATs Care CISM/peer-support team members (include initial training and follow-up continuing training)

D5 ATs Care uses the ICISF interventional models for individual and group CISM support. It is required that all applicants for membership on the D5 ATs Care team complete the following training.

Assisting Individuals in Crisis- ICISF
3 years' experience as a licensed and practicing Athletic Trainer

The following training is recommended for increasing knowledge and expertise, but not required for team membership.

Group Crisis Intervention - ICISF
Advanced Assisting Individuals in Crisis and Peer Support - ICISF
Advanced Group Crisis Intervention - ICISF
Suicide Awareness: An Introduction for Crisis Responders - ICISF

Application for team membership

Certified or Certified Retired NATA members applying for D5 ATs Care team membership must meet the following criteria and complete the application process outlined below.

Criteria

- Current Certified or Certified Retired member of the NATA in good standing.
- A minimum of 3 years of experience practice as an Athletic Trainer.
- Membership from traditional and emerging practice settings are encouraged.
- Have completed required training.

Application process

- Complete application form.
- Provide documentation of required training.
- Verification of current NATA membership.
- Verification of required professional credentials.
- Interview with the District 5 Representative of the NATA ATs Care Committee and MAATA district director.

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D5 ATs Care Team Procedures

Responsibilities

The D5 ATs Care CISM team

- Provides an avenue for requesting CISM services from a state, district or national ATs Care team in the event of a critical incident or traumatic event affecting Athletic Trainer(s) or Athletic Training Students (ATS). Details of team notification procedures are listed below.
- Maintains a confidential database of requests for ATs Care services and the nature of services is available to provide peer-support services for AT and ATS.
- The NATA ATs Care team will pass requests for D5 ATs Care services to the D5 Team Leader.
- The NATA ATs Care team will be available for support and/or assistance if requested.
- Develops, reviews, prepares and distributes resources to support District and State Level ATs Care teams.
- Provides information relating to formation and implementation of CISM teams for use by State level ATs Care teams.

Team activation-Notification of a critical incident

The D5 ATs Care CISM team uses a variety of methods to become aware of critical incidents and/or traumatic events affecting ATs. The following are the guidelines for team activation procedures.

When an incident takes place where the AT may benefit from peer-support services (such as a significant injury, death, professional issue, family issue or emergency, workplace issue, or other significant event) an D5 ATs Care team can be activated in one of the following ways:

- Contact from the NATA national office after an incident has been reported to the national ATs Care website <http://nata.com/atscare>
- An D5 ATs Care team is made aware of an incident via news media, a Google alert, social media, direct contact from a colleague or word of mouth.
- Contacting the district 5 representative to the ATs Care team/committee
- Contacting MAATA district director

General D5 ATs Care guidelines

- The D5 ATs Care Team should be aware of all state ATs Care programs. The purpose is to allow for timely communication in the event of critical incidents, providing assistance to state teams should it be needed and dissemination of information.
- Identifying oneself as an ATs Care team member or CISM provider without being a registered member of an ATs Care team is strictly prohibited.

Individual peer-to-peer interventions

- The framework used by the team for individual peer-to-peer interventions is the SAFER-R intervention model (Everly).
- Individual interventions can be conducted using the communication medium most appropriate for the situation. These include, but are not limited to:
 - In-person meeting
 - Telephone conversation
 - Text
 - Email
 - Video communication (Facetime, Skype, Duo, etc.) (These should be used only with the affected party's consent.)
- One-on-one personal conversation(s) should take place
- In person visits as appropriate or requested.
- Provide summary report to NATA staff liaison.
- Complete reporting procedures for the state or district team.
- District or state team leader will report necessary information to ATs Care staff liaison at the NATA.

Group peer-to-peer interventions

At times there will be critical incidents involving more than one AT, AT student and/or related staff. The following procedures are to be followed if there is request for a group intervention.

- Initial contact with the appropriate contact person or affected AT will be made by a D5 ATs Care team member. If from initial discussion(s) the need or request for a group CISM intervention is made, the team member will contact the D5 Team Leader.
- The request will be reviewed by team leadership and necessary arrangements will be made.
- Group interventions **MUST** include regional and/or team leadership member trained in group CISM.
- All group interventions will require a minimum of two D5 ATs Care team members. A third group team member may be a peer-support team member.
- The framework used by the team for group interventions is the Mitchell CISM Model (Everly and Mitchell, 1997).
- The appropriate intervention tool(s) for a given situation will be determined by the team responding to the situation. (CMB, defusing, debriefing, education, etc.)
- Group interventions must be conducted in person at or near the location of the incident whenever possible. This is consistent with the P.I.E. model.
- One-on-one personal conversation(s) should take place afterward as needed.
- Provide summary report to D5 ATs Care Team Leader.
- Complete reporting procedures.

There will be situations for which the assistance of the NATA ATs Care CISM team will be requested by a state or region with a team in place. There may also be a request for assistance in the event of a major critical incident event. When this occurs the request for services will be forwarded to the ATs Care chair for consideration. Availability of resources, appropriately trained team members and accessibility issues will be considered and a decision will be made with the consultation of the team leadership as to the ability of the team to provide assistance.

For specifics of CISM/peer-support methods please refer to the training materials.

Things to avoid

Some general cautions to keep in mind:

- **All conversations are strictly confidential.** Do not discuss team activities, interventions, etc. with anyone other than team leadership or the clinical director.
- Do NOT take notes or keep written records of any meetings or interventions.
- Do NOT make promises you cannot keep.
- Do NOT provide false information or speculate on outcomes.
- Be sure members of the media/press are NOT in attendance at any session. Do NOT talk to the media/press concerning any and all team interventions.

Post-crisis response follow-up procedure

Upon completion of a CISM intervention the team member will report the following information to the D5 ATs Care Team Leader:

1. Name of involved AT, AT student(s) and anyone else involved in the intervention.
2. Date of incident
3. Date(s) of intervention
4. Nature of incident
5. Location of incident
6. Final status (i.e. concluded, referral, etc.)

Record keeping

The D5 ATs Care Team/NATA ATs Care will keep the following:

1. General response information as indicated above.
2. Name(s) of team members providing interventions.
3. List of situations reportable by law (i.e. threat of suicide, harm to self or others, child abuse)

No records of the content or topics of discussion for peer-support or CISM sessions will be kept.

Education

The D5 ATs Care Team will organize and provide periodic continuing education and CISM training for NATA members. The specific content, CEU eligibility and schedule will be coordinated by the committee and the Professional Education Committee.

Removal of a team member

In certain instances it may be necessary to suspend or remove an individual from team membership. MAATA procedures for removal of team members are to be followed. Examples of such circumstances might include (but not be limited to):

- The team member is no longer a member in good standing of the NATA.
- The team member requests to take a leave of absence or terminate his/her team membership.
- Changes in the individual's physical or mental health status that makes the member unable to effectively participate in providing CISM services.

- The team member violates team policies and procedures. Generally, repeated violations of operational policies and procedures are grounds for suspension or dismissal.
- The following are considered to be significant violations of the scope of the D5 ATs Care team and can result in immediate dismissal from the team:
 - Violating the confidentiality of CISM interventions.
 - Failure to report things required by Law
 - Violations of ethical standards. Resources include, but are not limited to, the NATA Code of Ethics, BOC code of ethics, ethical obligations of state practice acts, etc.)
 - Dishonesty in the performance of team functions

Deactivating the team

At such time as the MAATA determines that the D5 ATs Care Team program is no longer necessary or for other reasonable cause, the Board of Directors of the MAATA can dissolve the team by majority vote.

Resources

Everly, G.S. & Mitchell, J.T. (1997). *Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention*. Ellicott City, MD : Chevron.

Everly, G.S. (2016). *Assisting Individuals in Crisis*. 5 ed. Ellicott City, MD: International Critical Incident Stress Foundation.

Appendix A: ATs Care Code Of Ethics
Appendix B: ATs Care Testimony Immunity Document

These documents will be added when they have been approved

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