Deschutes County, Oregon Critical Incident Stress Management (CISM) Referral Checklist

Purpose:
This checklist is designed to assist first responders, healthcare professionals, and community members in identifying individuals who may benefit from Critical Incident Stress Management (CISM) services following exposure to traumatic events. **CISM supports are for *urgent or crisis related needs. Long term or ongoing professional support or employment related conflicts are encouraged to seek formal support through your agencies or community resources.***

1.Location of the CISM (Where would you like to receive support)?

[ ]

2.What date/time within the next 3-5 days work best for those interested in a CISM?
(generally recommended at least 90 mins for group support and at least 60 mins for individual support)

[ ]

3. Type of Support Requesting
☐ Individual CISM
☐ Group CISM
☐ Individual CISM, Bilingual Spanish
☐ Individual CISM, Bilingual Spanish
☐ Other: [ ]

4. Type of Incident (Check all that apply):
☐ Natural disaster (e.g., fire, flood)
☐ Workplace accident
☐ Medical emergency
☐ Death or injury (colleague, family member or client)
☐ Violent incident (e.g., assault, robbery)
☐ Loss of property
☐ None of the above

5. Impact Concerns/Indicators for Referral:
Consider referring an individual or group to CISM services if they exhibit any of the following signs after a critical incident:

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☐ Intense emotional reactions (e.g., uncontrollable crying, rage, extreme sadness)

☐ Withdrawal or social isolation

☐ Irritability, mood swings, or aggressive behavior

☐ Increased substance use (alcohol, drugs, tobacco)

☐ Feelings of hopelessness or helplessness

☐ Difficulty concentrating or making decisions

☐ Recurring intrusive thoughts or flashbacks

☐ Memory problems or disorientation

☐ Headaches, nausea, or fatigue

☐ Sleep disturbances (insomnia, nightmares, excessive sleeping)

☐ Decreased job performance or absenteeism

☐ Avoidance of work-related duties

☐ Relationship conflicts (family, friends, coworkers)

☐ None of the above

6. If you have marked any of the above, please explain or share other needs identified not mentioned above:

7. Consider Referral to Professional Support

☐ Has the individual been informed of available support services (e.g., counseling, peer support)?

☐ Should the individual be referred to a mental health professional (e.g., counselor, therapist, psychologist)?

☐ Does the individual need urgent medical or psychiatric care (e.g., emergency hospitalization)?

☐ Should the individual be referred to an Employee Assistance Program (EAP)?