

Crisis

Response Team

Montana National Guard Crisis Response Team (CRT)

Guidelines and Procedures Manual



30 January 2008



Crisis

Response Team

I. PURPOSE

The Montana National Guard is committed to providing a professional environment that is conducive to the personal and professional development of each unit member. With total membership in excess of 3,600, the Montana National Guard realizes that crises or critical incidents will occur and that these events can have a significant impact on the Guardsmen, coworkers, and/or our Guard families. Such critical incidents will require an effective and timely response to initiate corrective actions.

The purpose of the Crisis Response Team (CRT) is to evaluate, analyze, and advise unit representatives, Guardsmen, and/or their families on situations that involve National Guard Members affected by Post Traumatic Stress Disorder (PTSD), Mild Traumatic Brain Injury (mTBI), or other traumatic life events. Although some of these occurrences may be related to deployment, many will simply be the result of unexpected events that occur in normal every day living. While unit and family members should try to work within their chain of command for initial assistance and issue resolution, the CRT represents an additional resource for emergencies and difficult situations that cannot be addressed by other means. The CRT uses the talents and skill sets of a variety of subject matter experts to provide resource referral and unit assistance for problem resolution.

II. GOALS

- to respond to critical incidents involving Guardsmen to provide guidance for the resolution of issues pertaining to health, safety, or security needs of our Guard community.
- to communicate counseling, guidance and support resources to members of the Montana National Guard and their families.
- to involve unit leadership in all processes to empower them to assist unit members when possible
- to review and revise the crisis intervention plan every three years or as required.

III. CONFIDENTIALITY

Every attempt will be made to protect individual and family confidentiality. During a response to a critical incident, information may be received by several sources. Members of the on-site response team and the CRT should carefully consider who should be given access to this information. Information should be given to those who have a need to know.

A responsibility exists to immediately report information, without regard to confidentiality, when dealing with a situation that involves possible threats to safety or security to an individual or individuals. This type of information may involve acts such as suicide, rape or violence. Reports of this nature should be directed immediately to a law enforcement individual or by phoning 911.

Information of the event should be communicated through the chain of command using appropriate Commander's Critical Information Requirements (CCIR) protocol to ensure visibility of the event. The CRT may be called upon to evaluate and provide follow-on recommendations or resource referral.

IV. TEAM COMPOSITION

CRISIS RESPONSE TEAM (CRT) - The Montana National Guard operates two CRTs. One team is located at the Joint Force Headquarters in Helena and the other at the 120th Fighter Wing in Great Falls. Each team has been structured to provide recommendations and advice with a primary focus on either the Army National Guard (Helena Team) or Air National Guard (Great Falls Team) however, nothing prevents either team from assisting any Soldier or Airmen or their families when necessary. The composition of each team may vary according to need and situation.

HELENA - The CRT in Helena is comprised of available subject matter experts to include a Chaplain, Case Manager, Medical Representative, Family Program Representative, Transition Assistance Advisor (TAA), Personnel Representative, J1 CSM or Representative, Family Program Representative, and a Unit Representative.

GREAT FALLS - The CRT in Great Falls is comprised of available subject matter experts to include a Chaplain, 120th FW Command Chief, Unit Representative, Family Program Representative, Medical Representative, Personnel Representative, and a Finance Representative.

It is important to note that each situation is unique. As such, additional subject matter experts may be used to assist the team in event resolution.

The CRT will maintain detailed documentation of each meeting to record the details of the event, the group discussions, and subsequent recommendations. To ensure visibility of a CRT activation, notification of the event will be communicated through the unit leadership and the JFHQ/Wing command channels. The Command Policy on Commander's Critical Information Requirements (CCIRs) will be used to determine mandatory information that must be communicated through command channels.

Continuing education will be made available to all members of the CRT to help expand their knowledge and abilities when evaluating a crisis situation.

THE ON-SITE RESPONSE TEAM (ORT) – The on-site team is an informal subgroup of the CRT. The on-site lead is organized and controlled by the unit commander or his designee. This team may include representatives from the unit such as a member of an affected Soldier or Airmen’s combat team, chaplain, medic, retention or career counselor, and a FAC or FRG representative. The composition of each team may vary according to need, personnel availability, and situation.

This team will be activated as needed and every time a Soldier or Airmen fails to attend a scheduled event without being excused. Outreach to these members will demonstrate concern and ensure that we have visibility and awareness of the status of our Guardsmen at all times. Upon contact, the team will form a general consensus of the overall physical and mental status of the individual.

An assessment of a Soldier or Airmen that results in a question of either a physical or behavioral illness, that may be related to a deployment, will generate the need to provide additional education on the resources available through the VA, Family Programs, or Military One Source along with an encouragement for the Guardsmen to make contact for assistance. A copy of the National Guard Resource Guide should also be made available. If the situation is critical, the team should assist the Guardsmen in accessing this care or call 911.

The situation should be elevated to the unit command and to Battalion as necessary to ensure that leadership has visibility of the situation and can provide necessary assistance. The unit continues to maintain contact with the individual and control of the situation conducting periodic follow up calls and visits with the Guardsmen and/or their family to ensure that progress is being made.

If the situation becomes such that all unit resources have been exhausted or a satisfactory action plan cannot be developed, the unit team should immediately contact the CRT for assistance. The CRT can be contacted at any point in the intervention when additional guidance or assistance is needed.

V. DEFINITION OF EMERGENCY LEVELS

LEVEL 1 EMERGENCY

An emergency is any event or situation which presents an immediate danger or the potential threat to life or safety of a service member, a family, or unit member. These situations generally require immediate assistance which can only be provided by local law enforcement. Any person who makes the determination that a situation falls into this category should call 911.

Information of the event should be communicated through the chain of command using appropriate Commander’s Critical Information Requirements (CCIR) protocol to ensure

visibility of the event. The CRT may be called upon to evaluate and provide follow on recommendations or resource referral.

LEVEL 2

IMMEDIATE CRISIS

An immediate crisis is any event that requires action to assist a Soldier or Airmen who is suffering from physical or behavioral health issues which interfere in their ability to function normally. Symptoms may include inability to perform routine day-to-day tasks, inability to attend regularly scheduled drill activities, and/or thoughts or intentions to harm one's self or others. These situations require immediate action to provide resources and/or assistance to get the affected service member to a medical professional for assistance.

Information of the event should be communicated through the chain of command using appropriate Commander's Critical Information Requirements (CCIR) protocol to ensure visibility of the event. The CRT may be called upon to evaluate and provide follow on recommendations or resource referral.

LEVEL 3

INCIDENT

An incident is any action or event that triggers recognition that an individual is exhibiting signs or symptoms that may indicate possible ties to Post Traumatic Stress Disorder (PTSD) or Mild Traumatic Brain Injury (mTBI). Early detection of these symptoms will allow intervention and encourage affected Guardsmen to seek appropriate care and treatment.

Information of these events should be maintained at the unit level and communicated through the chain of command as directed. The CRT may be called upon to evaluate and provide recommendations or resource referral if necessary.

VI. CONTACT INFORMATION

The Montana National Guard CRTs may be activated by any member of the National Guard by phoning the Joint Operations Center (JOC). The JOC will take the information and alert the appropriate team members for activation.

While the CRT is always a resource, members are encouraged to utilize their unit resources and their chain of command to resolve issues at lowest level using the CRT for true emergencies and those events that fall outside of the units abilities.

Crisis Response Team
406-324-3170 OR 406-324-3165
TOLL FREE 1-866-369-6506

VII. COMMUNICATION

Units are required to post information about the CRT along with the contact information in all unit locations. This is to highlight the availability of the CRTs as well as to encourage unit members to utilize the CRT when necessary.

VIII. Signs and Symptoms

The Following information provides quick facts and additional information on the signs and symptoms of PTSD and mTBI.

Quick Facts - mTBI

Traumatic Brain Injury (TBI)

If the head is hit or violently shaken (such as from a fall or explosion), a “concussion” or closed head injury can result. Concussion is seldom life threatening, so doctors often use the term “mild” when the person is only dazed or confused or loses consciousness for a short time. However, concussion can result in serious symptoms. People who survive multiple concussions may have more serious problems. People who have had a concussion may say that they are “fine” although their behavior or personality has changed. If you notice such changes in a family member or friend, suggest they seek medical care. Keep in mind that these are common experiences, but may occur more frequently with TBI. If in doubt, ask your doctor.

Common Symptoms of Brain Injury

• Difficulty organizing daily tasks	• Trouble with memory, attention or concentration
• Blurred vision or eyes tire easily	• More sensitive to sounds, lights, or distractions
• Headaches or ringing in the ears	• Impaired decision making or problem solving
• Feeling sad, anxious, or listless	• Difficulty inhibiting behavior – impulsive
• Easily irritated or angered	• Slowed thinking, moving speaking or reading
• Feeling tired all the time	• Easily confused, feeling easily overwhelmed
• Feeling light-headed or dizzy	• Change in sexual interest or behavior

Recovery Following TBI

Some symptoms may be present immediately; others may appear much later. People experience brain injuries differently. Speed of recovery varies. Most people with mild injuries recover fully, but it can take time. In general, recovery is slower in older persons. People with a previous brain injury may find that it takes longer to recover from their current injury. Some symptoms can last for days, weeks, or longer. Talk to your health care provider about any troubling symptoms or problems. For more information go to www.pdhealth.mil.

To Promote Healing & Manage Symptoms

Things that Can Help	Things That Can Hurt
<ul style="list-style-type: none"> • Get plenty of rest & sleep • Increase activity slowly • Carry a notebook – write things down if you have trouble remembering • Establish a regular daily routine to structure activities • Do only one thing at a time if you are easily distracted; turn off the TV or radio while you work • Check with someone you trust when making decisions 	<ul style="list-style-type: none"> • Avoid activities that could lead to another brain injury – examples include contact sports, motorcycles, skiing • Avoid alcohol as it may slow healing of the injury • Avoid caffeine or “energy-enhancing” products as they may increase symptoms • Avoid pseudo ephedrine-containing products as they may increase symptoms – check labels on cough, cold, allergy, and diet medications • Avoid excessive use of over the counter sleeping aids – they can slow thinking and memory

Quick Facts - PTSD

Post-Traumatic Stress Disorder (PTSD)

PTSD is a condition that develops after someone has experienced a life-threatening situation, such as combat. In PTSD, the event must have involved actual or threatening death or serious injury and caused an emotional reaction involving intense fear, hopelessness, or horror. People with PTSD have three kinds of experiences for weeks or months after the event is over and the individual is in a safe environment.

Re-experience the event over and over again

You can't put it out of your mind no matter how hard you try
You have repeated nightmares about the event
You have vivid memories, almost like it was happening all over again
You have a strong reaction when you encounter reminders, such as a car backfiring

Avoid people, places, or feelings that remind you of the event

You work hard at putting it out of your mind
You feel numb and detached so you don't have to feel anything
You avoid people or places that remind you of the event

Feel "keyed up" or on-edge all the time

You may startle easily
You may be irritable or angry all the time for no apparent reason
You are always looking around, hyper-vigilant of your surroundings
You may have trouble relaxing or getting to sleep

People who have PTSD have experiences from all three of these categories that stay with them most of the time and interfere with their ability to live their life or do their job. If you still are not sure if this is a problem for you, you can take a quick self-assessment through the Mental Health Self Assessment Program at www.militarymentalhealth.org.

Most service members do not develop PTSD. It also is important to remember that you can experience some PTSD symptoms without having a diagnosis of PTSD. PTSD cases often resolve on their own in the first 3 months, but even without the full diagnosis, if you have symptoms, you can benefit from counseling or therapy.

The good news: PTSD is treatable. You do not need to suffer from the symptoms of PTSD alone. Therapy has proven to be very effective in reducing and even eliminating the symptoms. Medication can also help. Early treatment leads to the best outcomes. So, if you think you or someone in your family may have PTSD, please seek treatment right away.

If you or a loved one experiences distress associated with combat trauma, you should make an appointment with your primary care provider. If you need counseling or help locating services, please call Military One Source 24/7 at 1-800-342-9647.