Statutory Authority

Per Section 24-10B-4, NMSA 1978 the EMS Bureau is designated as the lead agency for the emergency medical services system. As that lead agency, the Bureau has been tasked with the operation of a critical incident stress management program for emergency providers utilizing specifically trained volunteers who shall be considered as public employees for the purposes of the Tort Claims Act [41-4-1 to 41-4-27NMSA 1978] when called upon to perform their duties.

What is a Critical Incident?

A critical incident is any event that has an impact sufficient to overwhelm the usually effective emotional coping skills of either an individual or a group of individuals. Critical incidents are usually sudden, unexpected events outside the range of normal human experience. For this reason, they can have a strong emotional effect even on trained, experienced individuals. If the incident is extreme, it has the potential to cause post traumatic stress disorder (PTSD).
What is Critical Incident Stress Management and the Crisis Support Team?

What is Critical Incident Stress Management?

Critical Incident Stress Management (CISM) is a wide range of programs and interventions designed to prevent stress in emergency responders and to assist them in managing and recovering from significant stress should they encounter it in their work. CISM is much broader than Critical Incident Stress Debriefings (CISD). It includes special programs and strategies, e.g., pre-incident education, significant other support programs, community outreach programs, disaster preparedness and assistance, etc.

What is the NM Crisis Support Team?

The NM Crisis Support Team (CST) is a team of volunteer mental health professionals, clergy and peer support personnel who have received special training to intervene with individuals who have experienced a critical incident or traumatic event. The team operates on a 24-7, on-call basis statewide; through the use of the Santa Fe Control Dispatch Center. Santa Fe Control will take the initial call and contact the on-call CST dispatcher. The dispatcher will put together an appropriate team to lead the intervention. Team members have served in local, state and national crises.

Facts about CISM

- CISM was developed for work groups and individuals who were secondary victims of a critical incident; not primary victims, but the responders to the incident.
- CISM groups should include only those individuals who were directly involved in the incident.
- Personnel are encouraged to use or continue to use their existing support systems: families, friends, and co-workers.
- Personnel are encouraged to use formal and informal support services and systems within their organization; i.e.: EAP, organization psychologist, chaplains, or other services.
- Personnel are referred to qualified mental health professionals as needed and appropriate.
- During disaster situations, CST / CISM personnel provide psychological first aid focused on immediate needs and assist with problem solving (Think Maslow’s Hierarchy of Needs).
- Psychological debriefings and other formal interventions should be reserved for significant events that appear to impact personnel.
- CISM interventions are structured to provide psychological support and stress education and are not intended to serve as any type of therapy.
- A psychological debriefing is a confidential group process.
- CISM interventions are practical peer support services.
- CISM assumes that the individual in the group are healthy (normal) individuals.

Who do we support?

Violent incidents or crises may be interpersonal as in homicide, suicide, or domestic violence; crises may be human caused, as in vehicle crashes; and lastly, crises may arise from natural disasters such as tornadoes, explosions or fires.

It is important to realize that the crisis intervention is NOT psychotherapy or a substitution for mental health or counseling. Rather, the intervention is aimed at intervening at the moment where support services are most valuable and exploring the potential for prevention initiatives.

Although the CST team usually works with emergency responders (fire, law enforcement, EMS, Search and Rescue, etc.), the team does work with and assist other teams formed to serve the needs of industries, schools, etc.

The NMCST recognizes that some communities have extensive capacity for response and can manage most of their own incidents through victim assistance coordinators, school-based programs or mental health centers. Some areas may lack this capacity and will need support. NMCST provides the statewide network of support resources that can be mobilized for both response and prevention.