

EASTERN CAROLINA CRITICAL INCIDENT STRESS MANAGEMENT ASSOCIATION

Mission Statement

The Eastern Carolina Critical Incident Stress Management Association (ECCISMA) shall provide support and training to local CISM programs through a cooperative network.

Belief Statements

- * Proactive education in stress management skills may lessen the effects of traumatic and stressful events and promote increased effectiveness in the performance of duty and quality of life for emergency services personnel.
- * Quality Critical Incident Stress Management (CISM) training is vital to the mission.
- * CISM to lessen the impact and accelerate the recovery of many emergency services personnel who have experienced a critical incident.
- * Inter-service cooperation is the cornerstone for continued success of CISM.
- * Local teams should be developed and nurtured.
- * Local teams should provide CISM services at no monetary cost to the emergency services personnel.

Membership Requirements

Membership in the ECCISMA shall be open to any CISM-trained individual (2-day basic training-minimum requirement) who has past or present, direct or indirect affiliation with the traditional service groups represented by law enforcement, fire, rescue, EMS, telecommunications, and mental health and maintains annual dues payment in good standing.

EASTERN CAROLINA CRITICAL INCIDENT STRESS MANAGEMENT ASSOCIATION BY-LAWS

I. Name

Section 1. The name of this organization shall be Eastern Carolina Critical Incident Stress Management Association.

II. Purpose

Section 1. Mission Statement – The Eastern Carolina Critical Incident Stress Management Association (ECCISMA) shall provide support and training to local CISM programs through a cooperative network.

Section 2. Belief Statements

1. Proactive education in stress management skills may lessen the effects of traumatic and stressful events and promote increased effectiveness in the performance of duty and quality of life for emergency services personnel.
2. Quality Critical Incident Stress Management (CISM) training is vital to the mission.
3. CISM has been proven to lessen the impact and accelerate the recovery of many emergency services personnel who have experienced a critical incident.
4. Inter-service cooperation is the cornerstone for continued success of CISM.
5. Local teams should be developed and nurtured.
6. Local teams should provide CISM services at no monetary cost to the emergency services personnel.

III. Organizational Structure

Section 1. Board of Directors

The administration of affairs of the Association shall be vested in a Board of Directors of not less than ten (10) directors. Each Director shall hold office until his death, resignation, removal, or disqualification.

Each Director shall be affiliated with at least one of more of the traditional service groups included CISM: law enforcement, fire, rescue, emergency medical, telecommunications, and mental health.

Section 2. Duties

The duties of the Board of Directors shall be to:

- Establish, review, and modify policies, procedures, and by-laws
- Provide educational opportunities
- Encourage growth of CISM through public awareness
- Appoint committees
- Schedule and attend meetings
- Stay abreast of local, state, national and other relevant CISM issues

Section 3. Officers

The executive officers shall be composed of a Chairperson, Vice-chairperson, Clinical Director, Secretary, Treasurer, and Officer-At-Large.

Election of officers shall be held by the Board of Directors during the last regular meeting of even numbered years. Terms shall begin in January and last for two years.

Board members shall be expected to attend regular meetings or make notification to an executive officer of their inability to do so. Three consecutive, unexcused absences shall be justification for review for disqualification from the Board.

The Chairperson shall appoint a nominating committee to propose a slate of officers for the new biannual terms at the next to the last regularly scheduled Board meeting of even numbered years. The Chairperson is responsible for considering representation from the traditional service groups when appointing the nominating committee.

Section 4. Appointment

Appointment to the Board shall be based on interest, involvement and knowledge of the concepts of CISM. In addition, each Board member must have attended a Board-approved Basic Critical Incident Stress Debriefing Training Workshop.

Appointments to the Board of Directors are made by the Board itself. The Board shall ensure a membership that represents all service areas and traditional service groups.

Section 5. Quorum

- A minimum of five (5) members of the Board that includes at least two (2) members of the Executive Board shall constitute a quorum for conducting official business.
- The Chairperson shall only vote in the event of a tie at both Board of Directors and Executive Board meetings.

IV. Membership

Section 1. Eligibility

Membership in this Association shall be open to any CISM trained individual who has past or present, direct or indirect affiliation with the traditional service groups listed in Article III, Section 1.

Members will be categorized as Mental Health Team Members or Peer Support Personnel/Peer Debriefers.

Persons interested must submit proof of training and either direct or indirect traditional service role affiliation by completing a standard application available from any Board member and submitting it along with the designated membership fee.

Membership entitles each individual to the following benefits:

- Inclusion on the list of debriefers available in Eastern North Carolina.
- Notification by email of CISM issues that are relevant to the mission of the Association. (Members may specifically request to receive such notifications by means other than email, nominal reimbursement costs may apply).
- Training opportunities.
- Network opportunities.

Section 2. Qualifications

Mental Health Team Members

Professions – Such members must be licensed or certified as one or more of the following:

- Employee Assistance Professional
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Pastoral Counselor
- Psychiatric Nurse
- Licensed Psychological Associate

Peer Support Personnel/Peer Debriefers

- Must be active or retired members of at least one of the traditional emergency service areas.
- Must possess a high degree of maturity and sensitivity to others
- Should command the respect and trust of peers

- Must possess the ability to maintain confidences
- Must be able to adhere to established limits, criteria, and protocols

Professional Training –All members should have specific training in one or more of the following:

- Crisis intervention
- Critical incident stress management
- Group dynamics
- Direct intervention
- Post Traumatic Stress Disorders
- Human communications
- Cross training in emergency services

Section 3. Membership/Team Status

1. Member: A person that has satisfied all of the requirements of Association membership and maintains current dues payment.
2. Lifetime Member: At the prerogative of the Board of Directors a Member may be granted “Lifetime Membership” within the Association. These memberships are typically awarded to persons that have retired from several years of career or volunteer, public service and/or human services work.
3. Debriefing teams should be formed by blending lesser experienced members with experienced members. New members and newly trained members should be shadowed by more experienced members prior to being able to serve as an independent Team Member.

Section 4. Revocation/Suspension of Membership

Membership is subject to revocation or suspension at the direction of the Board of Directors. Such action is appropriate for, but not limited to, the following:

- Failure to maintain confidentiality regarding CISM briefings, including topics discussed and personnel involved.
- Failure to follow all local protocols and directives regarding team or Association activity.
- Organizing or in any way attempting to organize a debriefing without the knowledge of the Clinical Director, Association Chairperson or Executive Board Member.
- Reporting to the scene of an incident to act on behalf of the ECCISMA or the team without the consent of the Clinical Director, Association Chairperson, or a member of the Executive Board.
- Failure to be present at an assigned debriefing when the member has made a commitment to assist in a defusing/debriefing.
- Continued absence at team meetings or training.
- Acting against the expressed direction of the Board of Directors.

- Misrepresentation of the affairs or the operations of the ECCISMA.
- Failure to complete required paperwork.

Section 5. Procedure for Sanction/Removal

The ECCISMA Board of Directors shall designate one (1) Mental Health Team Member and two (2) Peer Support Personnel/Peer Debriefers as the Peer Review Board. The Peer Review Board shall meet and discuss the problem within on (1) week of receiving written documentation of problematic member action to determine the following:

1. Did the member act with good intention but exhibit bad behavior?
2. Did the member demonstrate improper action and/or bad judgment?

The Peer Review Board will file a report with the Association Chairperson and the Clinical Director recommending the following:

- Complaint was without merit. No further action recommended.
- Complaint was substantiated. Member is cautioned and no further action taken.
- Complaint was substantiated. Member is sanctioned by being placed on probation for a period of time to be determined by the Peer Review Board.
- Compliant was substantiated. Revoke membership.

A letter will be prepared by the Association Chairperson and Clinical Director informing the member of the Peer Review Board's recommendation, and inform him/her that he/she may appeal the recommendation by meeting with the Association Chairperson and Clinical Director. If an appeal is made, a meeting will be scheduled within thirty (30) days of written notification of appeal.

Once the appeal meeting is conducted, the Association Chairperson and Clinical Director shall prepare a letter to the member informing him/her of the decision utilizing the same decision options as used by the Peer Review Board. The decision of the Association Chairperson and Clinical Director shall be final.

V. Meetings

1. Regular meetings and location shall be determined by the Board of Directors.
2. Special meetings may be called by any member of the Executive Board.
3. A General Membership meeting shall be scheduled by the Board of Directors periodically on an "as needed" basis.

VI. Amendments to Bylaws

1. Proposed amendments to the by-laws shall be presented in writing to all Board members at least one month prior to a vote on the amendment. A two-thirds vote of the full Board is required in order to vote on amendments.
2. Board members may cast proxy votes for by-laws amendments in writing (either by letter, fax or email) prior to the next scheduled meeting time. Proxies may be delivered to any and all of the Executive Officers for counting. Multiple proxies from one member shall be tabulated at the meeting and cast as only one vote. Proxies must be received no later than 24 hours prior to the scheduled meeting time to be included in the applicable vote.