

Fact Sheet



The Mayflower Crisis Support Team was established to provide a form of crisis intervention specifically designed to help emergency workers and healthcare professionals cope with the psychological stresses inherent in their professions. Operational since 1985, the Mayflower Team provides critical incident stress management Intervention for particularly stressful events such as multiple casualty incidents, the death of a child, the death of a co-worker, traumatic incidents involving critical media coverage, failure of rescue efforts following prolonged intervention, and other events that are unusually emotionally stressful.

A team dispatcher receives and screens requests for services. When the need for a formal debriefing is determined, the team dispatcher contacts a three to four member team consisting of one mental health professional and two or three peer workers and schedules the debriefing within a 24-72 hour period. Debriefings generally last two to three hours. Travel time may vary considerably.

The Mayflower Team consists of approximately 25 members who rotate to interventions on the basis of availability. Other factors considered in assigning a team member include the type of service organization the individual represents and not being familiar with the individuals involved. Confidentiality of services is stressed. The volume of interventions varies from month to month.

Other team member responsibilities include attending monthly crisis support team meetings. Members are required to attend at least half the meetings annually. The purpose of these meetings includes:

1. Discussion of the dynamics that occurred in the prior month's interventions
2. Providing continuing education programs
3. Providing an opportunity for members to get to know each other before working together during an intervention
4. Increasing team cohesion
5. Providing a forum for the exchange of ideas, the addressing of problems, and brainstorming
6. Debriefing the debriefers when necessary

Members serve on committees and special task groups. They are also assigned to present continuing education programs to groups as requested. Education regarding critical incident stress is the first step in efficient utilization of the crisis support process.

Prospective team members are asked to complete an Application Form and a Memo of Understanding. They are requested to make a one-year commitment of service with the team. A two-day training session is provided for new members and attendance at this sessions is mandatory. Selection of new team members usually occurs in March. Applications must be submitted prior to March 1.

If you have further questions regarding membership on the Mayflower Crisis Support Team please contact Patricia Tritt at 788-6236.

Sponsored by HealthONE Emergency Medical Services
333 W. Hampden Avenue, Suite 200
Englewood, Colorado 80110
Mayflower contact number (303) 788-6889

Application



I. Contact Information

(Upon acceptance to the Mayflower Team, this information may be shared with other team members to facilitate team deployment and communications)

Name _____
Address _____
City _____ State _____
Phone (Home) _____ Phone (Work) _____
Phone (Cell) _____ Email _____
Pager _____

II. Education Information

High School _____
Dates of attendance _____ to _____ Graduated _____
College/university _____
Dates of attendance _____ to _____
Major _____ Degree _____
College/university _____
Dates of attendance _____ to _____
Major _____ Degree _____

If degrees are not within areas of sociology or psychology, please describe courses or training you have taken: _____

Mental Health Professionals: Discipline _____ License # _____

III. Employment Information

List 3 positions relevant to emergency services, healthcare, or counseling

Current employment

Company name _____

Address _____

City _____ State _____

Dates of employment _____ to _____

Brief job description _____

Previous employer

Company name _____



Address _____
City _____ State _____
Dates of employment _____ to _____
Brief job description _____

Previous employer
Company name _____
Address _____
City _____ State _____
Dates of employment _____ to _____
Brief job description _____

III. Community Activities and Professional Organizations (Please include any affiliation with a volunteer fire department or rescue squad or crisis intervention program.)

Name of Organization	Office/Duties	Dates of Membership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Additional Information

1. Have you ever needed the services of emergency services?

2. What happened?

3. How did the encounter affect you?

4. What exposure have you had to emergency medical situations, psychological crisis, multiple trauma, or mass casualty incidents?



V. Group Process or Stress Management Training (List and describe any formal training in group process; acute, chronic and cumulative stress; post-traumatic stress; crisis intervention; or psychological first aid.)

Title of Training	Description	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you attended CISM Group or other CISM training? Yes ____ No ____ (If yes, please provide a copy of your "Certificate of Completion")

VI. How did you hear about the Team?

VII. Why do you want to be a member of the Team?

VIII. What assets would you bring to the crisis support process if you were a team member?

IX. What deficits would you bring to the crisis support process if you were a team member?

X. Comments or additional information you would like us to have about you to aid in the Team selection process.

XI. How much flexibility do you have to go on debriefings on a 24-48 hour notice?

XII. List stress management techniques that you have used effectively.



XIII. Please list three (3) professional references, not related to you. Include name, address and phone number.

Name _____

Address _____

City _____ State _____

Phone (Home) _____ Phone (Work) _____

Name _____

Address _____

City _____ State _____

Phone (Home) _____ Phone (Work) _____

Name _____

Address _____

City _____ State _____

Phone (Home) _____ Phone (Work) _____

Have you ever been convicted of a felony? Yes ____ No ____

I attest that the information I have provided is true and accurate. I give permission for the Mayflower Crisis Support Team to contact current and previous employers and character references.

Signature

Date

Memo Of Understanding



I _____, the undersigned, agree to serve as a volunteer with the Mayflower Crisis Support Team for a minimum period of one year. I agree to the following commitments:

1. Attend a mandatory two-day Group training session as scheduled.
2. Schedule at least 16 hours of ride-along experience with emergency service agencies for mental health professionals. Documentation must be submitted to the Team Coordinator.
3. Participate in approximately 10-12 hours of interventions, meetings and education presentations per quarter.
4. Attend monthly team meetings and meet the following attendance requirement.
 - a. Attend a minimum of 50% of the monthly team meetings per year.
5. Complete required records of activities.
6. Maintain strict confidentiality regarding crisis support services conducted, including topics discussed and personnel involved. Any breach in confidentiality will result in immediate removal of the individual from the team.
7. Abide by the established team protocols and operational guidelines.

The Mayflower Crisis Support Team agrees to the following commitments to team members:

1. Provide two-day Group training session for new members at a reduced cost.
2. Provide administrative support through Swedish Medical Center, a division of HealthONE.
3. Provide, if necessary, an intervention for team members after a Team response.
4. Reevaluate the team operation and personnel annually.
5. Maintain quality in performance standards.

I have read and understand these commitments and agree to serve as a member of the Mayflower Crisis Support Team for a one-year period.

(Signed)

(Date)

The Mayflower Crisis Support Team agrees to provide to Crisis Support Team Members the above commitments.

(Signed)

(Date)

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Mayflower Crisis Support Team Confidentiality Statement



The undersigned hereby acknowledges his/her responsibility under applicable Federal law and the Agreement between _____ and the Mayflower Crisis Support Team to keep confidential any information obtained during a crisis support intervention as well as all confidential information of the Mayflower Crisis Support Team. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized Mayflower Crisis Support Team members any specific information obtained during a crisis support intervention and further agrees not to reveal to any third party any confidential information of the Mayflower Team, except as required by law.

Dated this _____ day of _____ 200__.

Mayflower Team Member

Mayflower Team Coordinator

Date