



**Testimony of
Michael R. Scott, President
Professional Fire Fighters of Maine**

**LD 882 An Act to Protect Communication with Providers of Critical Incident Stress
Management Peer Support**

Good morning, Senator Beebe-Center, Representative Hasenfus, and distinguished members of the Committee on Criminal Justice and Public Safety.

My name is Michael Scott, and I am the President of the Professional Fire Fighters of Maine. I appreciate the opportunity to provide testimony today regarding LD 882, An Act to Protect Communication with Providers of Critical Incident Stress Management Peer Support. I represent over 1,200 members, including career firefighters, paramedics, EMTs, and dispatchers. For more than 75 years, the Professional Fire Fighters of Maine (PFFMaine) have been committed to enhancing the health and safety of firefighters.

I am here to express our support for LD 882; however, we have concerns that the definition relied upon for “Critical Incident Strss Management Peer Support does not include a clear and concise definition of Peer Support Members and/or Teams that our 1st responders’ access and rely upon before, during and after a critical incident that they may be exposed to. As you continue to work on this important piece of legislation, we recommend that the committee and its sponsors clarify the definition to highlight the critical importance of establishing clear distinctions within the definitions of Critical Incident Stress Management (CISM) and Peer Support.

As you know, firefighting is an inherently stressful profession, marked by exposure to traumatic incidents that can profoundly impact mental health. Many of our members have experienced critical incidents, and many have struggled with the resultant stress and trauma. It is critical now, more than ever, that we provide the appropriate support systems for our firefighters. By including CISM peer support and Peer Team providers within the definition of “health care,” LD 882 not only acknowledges the significance of psychological well-being but also enhances access to the necessary resources for healing and recovery.

As we consider the implications of this bill, it is vital to clarify and differentiate between Critical Incident Stress Management (CISM) and Peer Support. While both approaches are essential in addressing the mental health needs of our 1st responders, they serve distinct roles:

- **CISM** focuses on mitigating the impacts of traumatic events through structured interventions, often following specific incidents. It plays a pivotal role in addressing and processing the immediate psychological responses to trauma.
- **Peer Support**, on the other hand, embodies a more informal, ongoing relationship where members provide emotional and social support to one another. The peer support model is built on trust and understanding, as peers share similar experiences and can relate more closely to the challenges faced by one another in the fire service.

It is our recommendation that LD 882 be amended to explicitly recognize and include Peer Support Members/Teams in the definition of CISM Peer Support. This addition will clarify the roles each plays within our mental health framework and ensure that all facets of support are adequately addressed and protected under the law.

In conclusion, the PFFMaine wholeheartedly support LD 882 and the proposed changes regarding the definition of CISM and Peer Support. These measures are essential to ensuring that our mental health resources are comprehensive and effective. We believe that recognizing the differences between CISM and Peer Support will better inform our approach to mental healthcare for firefighters, ultimately leading to a healthier and more resilient workforce.

Thank you for considering this initiative and for your steadfast commitment to the well-being of all Maine's first responders. Your support for LD 882 with our proposed recommendation is not just a vote for legislation; it is a vote for the mental health and future of our community.

Sincerely,

Michael

Michael Scott, President
Professional Fire Fighters of Maine

April 7, 2025

Attachments

1. IAFF Comparison between CISM and Peer Support
2. Public Safety Commissioner's Regulation for Establishing CISM Team Training Standards

Peer Support vs. CISM

	Peer Support	CISM
Target audience	<ul style="list-style-type: none"> • Fire service members coping with personal, family, or homelife stressors. • Fire Service Personnel impacted by potentially traumatic events (PTE) 	<ul style="list-style-type: none"> • Fire Service Personnel impacted by a critical incident
What	Active listening, action planning, referral as needed.	A structured intervention based on a critical incident.
Delivered by	Trained Peers	Facilitated by a specially trained team which includes professional and, ideally, a CISM trained peer
When	Whenever works for the distress member	A structured timeframe after the PTE, typically between 24 and 72 hours
Where	On or off shift, wherever the distress member is comfortable	On shift, at station or headquarters
Voluntary	Always	Based on department protocol
Delivery	1:1, 1: small group (2-3)	1:group
Clinical supervision/ access	Yes	Yes



- We often receive questions about how peer support is different than Critical Incident Stress Management (CISM). Peer support uses some of same concepts of CISM, but there are some key differences that clinicians working with first responders should understand. They are summarized here in this table.
 - Peer Support is typically a 1:1 voluntary helping interaction, delivered by a trained individual to another individual, within the same peer group. (In this case, the peer group is fire service members). Peers are trained to recognize common behavioral health issues; they may help members who have had a traumatic exposure on the job, or are coping with day-to-day life stressors. Peers are trained to use active listening skills to provide support and serve as a bridge to other resources, when indicated.
 - Critical Incident Stress Management, or CISM, is a protocol developed by Jeff Mitchell specifically for groups dealing with traumatic events. It is a formal and highly structured process for helping those involved in a traumatic incident to share their experiences, expression emotions, and learn about stress reactions. Members may be given a referral for further help if required. It is not group psychotherapy. Defusing and debriefing are the two most common CISM interventions.
 - There is some research to suggest there is risk of secondary trauma from CISM debriefings, but others have disputed this research.
- The take-away for today is to have a good awareness of both models. While CISM is commonly used in law enforcement settings, there has been a shift towards the peer support model in many fire service settings.
- (If not already stated, highlight differences summarized in chart regarding target audience, when intervention is delivered, individual vs. group delivery, and voluntary status.)
- (Background definitions, only if asked)
 - (*Defusing* is an intervention that is a shorter, less formal version of a debriefing . It generally lasts from 30 to 60 minutes, but may go longer and is best conducted within 1-4 hours after a critical incident. It is not usually conducted more than 12 hours after the incident. The main purpose is to stabilize people affected by the incident so that they can return to their normal routines without unusual stress.)

- Debriefing is a proactive intervention involving a group meeting or discussion about a particularly distressing critical incident. Based on core principles of crisis intervention, the CISD is designed to mitigate the impact of a critical incident and to assist the persons in recovery from the stress associated with the event. The CISD is facilitated by a specially trained team which includes professional and peer support personnel. Also called Critical Incident Stress Debriefing (CISD). Ideally it is conducted between 24 and 72 hours after the incident, but may be held later under exceptional circumstances.

**Chapter 70: REGULATION ESTABLISHING CRITICAL INCIDENT STRESS
MANAGEMENT TEAM TRAINING STANDARDS**

BASIS STATEMENT: The principal reason for proposing this amendment to the existing regulation is to ensure that the regulation is consistent with the statutes amended by PL 2019, c. 89, *An Act To Amend the Laws Governing Critical Incident Stress Management Teams*.

1. DEFINITIONS

- A. For the purposes of this regulation, the terms included in this section are defined as follows, unless otherwise indicated in the regulation.
- (1) **Critical incident.** "Critical incident" has the same meaning as in 25 M.R.S.A. §4201, sub-§1.
 - (2) **Critical incident stress management peer support.** "Critical incident stress management peer support" has the same meaning as in 25 M.R.S.A. §4201, sub-§1-A
 - (3) **Critical incident stress management peer support person.** "Critical incident stress management peer support person" has the same meaning as in 25 M.R.S.A. §201, sub-§1-B.
 - (4) **Critical incident stress management team.** "Critical incident stress management team" has the same meaning as in 25 M.R.S.A. §4201, sub-§2.
 - (5) **Public safety agency.** "Public safety agency" has the same meaning as in 25 M.R.S.A. §2921, sub-§6-B.

2. CRITERIA

- A. Each member of a critical incident stress management team, as well as each volunteer team coordinator, must have the following training, at a minimum:
- (1) Sixteen (16) hours or more of basic critical incident stress management training by a certified CISMT trainer or through a nationally recognized organization, such as the International Critical Incident Stress Foundation.
 - (2) An aggregate of twenty (20) hours of annual in-service training in CISM or behavioral health. Time spent in actual deployment as a member of CISMT may be credited to this twenty (20) hours of annual in-service training requirement.

STATUTORY AUTHORITY:

25 M.R.S. §4201(2), (1-A), (1-B)

EFFECTIVE DATE:

August 10, 2014 – filing 2014-156

AMENDED:

December 25, 2019 – filing 2019-244