

BOSTON COLLEGE
Critical Incident Stress Management Team
Intervention Report Form

Intervention initiated by:

Intervention Type: Debriefing _____ Defusing _____ Demobilization _____

Date of Intervention:

Team Members:

- 1.
- 2.
- 3.
- 4.
- 5.

Type of Incident:

Individuals or Group Involved:

Impressions of Meeting/Intervention:

Recommendations for Follow-Up:

Additional Comments:

Signature of Team Members:

- 1.
- 2.
- 3.
- 4.
- 5.

Date: