

Critical Incident Stress Management (CISM) & Psychological Crisis Intervention

A PRACTICAL REVIEW OF RESEARCH



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RESILIENCY SCIENCES INSTITUTE, LLC

*Critical Incident Stress Management (CISM) & Psychological Crisis Intervention:
A Practical Review of Research*

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NYPD World Trade Center Medal, the Susan Hamilton Award for fostering collaboration in disasters, the Honor Award from the Baltimore Police Department, and the American Red Cross Leadership Award. His biography appears in Who's Who in America, Who's Who in the World, and Wikipedia.

CHAPTER ONE: Critical Incident Stress Management (CISM) – Core Terms and Concepts

When tragedy and disaster strike, they become “front page news.” Great attention is turned to the plight of survivors not just their physical health, but their psychological health, as well. Disasters are a public health issue of significant importance. Interest is widespread even amongst unaffected observers. Tragedy brings increased attention, even notoriety, to survivors, but also to those attempting to mitigate human crisis and suffering, perhaps providing them greater influence over subsequent strategy and public policy, as well as increased financial resources in the future. To even the most casual observer, it is clear that for the endeavor of psychological crisis intervention and disaster mental health response, it would seem the stakes are high. For these reasons, we can see the science of epistemology has relevance.

Epistemology & Emergency Mental Health Planning

Epistemology, according to the Oxford Dictionary, is “the theory of knowledge, especially with regard to its methods, validity, and scope. Epistemology is the investigation of what distinguishes justified belief from opinion.” How do we know what we know? Epistemology, then, is the conduct of inquiry by which we examine the bases for the things we believe to be true. Returning to the focus

of this monograph, how do we know what should be done to mitigate suffering in the wake of tragedy and disaster? How should public health personnel formulate a disaster mental health plan? Is psychological crisis intervention effective at mitigating acute distress? In this monograph, I shall examine the epistemology of emergency psychological crisis intervention and disaster mental health response with a special focus on Critical Incident Stress Management (CISM), as CISM is arguably the most widely used strategic planning system for the implementation of psychological crisis intervention and disaster mental health response in the world.

In order to provide such an examination, I shall address three key topics. First, I shall provide the reader with a primer on the principles and practice of research attempting to review the most salient features relevant to CISM and disaster mental health, rather than provide a thorough review of the generic process of research, per se. Second, I shall review research findings most relevant to the practice of emergency psychological crisis intervention and disaster mental health response overall and in specialized setting, again focusing on CISM when most relevant. Lastly, I shall examine the debate and controversy surrounding the use of crisis intervention, specifically the small group debriefing intervention.

In providing such an examination, I acknowledge conducting well-designed and well-executed intervention-focused research in the areas of acute human suffering, especially on a large scale as in

disasters, is very difficult (Bisson et al., 2007; Boscarino et al., 2011; NIMH, 2002; Robinson, 2008; Tuckey, 2007). In fact, even staunch critics of crisis interventions such as debriefings acknowledge, “Randomized controlled trials of debriefing are next to impossible with rescue workers such as police and firefighters...To exclude one group from debriefing would be considered unethical in these professions” (p. 143-144). That opinion expressed; I further acknowledge that more research is needed. But that is *not* to say that there exists a vacuum of useful research findings that may be used to inform practice. While randomized controlled trials are limited and difficult to perform, it may be argued, as we shall see herein, there exists a significant and growing body of true and quasi-experimental studies that may achieve a critical mass and therefore may constructively inform policy and practice. Let us take a closer look.

Lexical Issues: Words Matter

The words we choose to express a thought or capture a concept not only represent a medium of communication, but they affect the opinions we hold, the rhetoric we proffer, even the science we teach. Psycholinguistic scholar Benjamin Lee Whorf postulated, in the formulation of what was to be known as the Whorfian hypothesis of linguistic relativity, that words have the power of shaping cognitive processes. In effect, words can shape how we think and the beliefs we hold. The poet T.S. Eliot once wrote that words decay with imprecision. It was George Engel, one of the pioneers in the field of psychosomatic medicine,

who once said that a substantive issue in rational discourse is the need to use terms consistently. Surely no discussion of issues, no debate about theory or research, nor any conduct associated with inquiry regarding effective practice can be meaningful, nor anything but pseudo-science, without a definition of, and agreement upon, fundamental terms and concepts. Indeed, the foundation of all scientific inquiry is reliability. Unfortunately, the field of psychological crisis intervention, and especially its subset CISM, has been made unnecessarily complicated because of an imprecise and unreliable utilization of even the most fundamental of terms. Although the field enjoys a long and rich history, recently some terms have evolved or become distorted from their original formulation.

Defining Core Terms

In this section I will provide the reader with a review of the key terms and concepts relevant to emergency psychological crisis intervention and CISM.

Critical Incident is a term which refers to an event which is outside the usual range of experience and challenges one's ability to effectively cope. It is a form of stressor. The critical incident has the potential to lead to an adverse psychological response (crisis) by overwhelming one's usual psychological defenses and coping mechanisms. There are three forms of critical incidents:

- 1) emergencies,
- 2) disasters, and

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ABOUT THIS BOOK

How do we know what we think we know? We usually base our opinions and even our practices upon conclusions reached through research. Far too often, however, we blindly accept the conclusions of researchers and verbal pundits without critically examining the bases for their conclusions. The fields of psychological crisis intervention and disaster mental health suffer from a lack of research, poorly executed research, and erroneous conclusions. This is a disaster in itself as it can lead to inappropriate conclusions and unwarranted reactions, policies, and programs. This book attempts to cut through the “smoke and mirrors” of urban legend surrounding the fields of psychological crisis intervention and disaster mental health and give to the reader an objective view of the science and research supporting these efforts. Comprehensive reviews of CISD, CISM, psychological first aid, and other interventions are provided. Readers can then reach their own informed decisions.

ABOUT THE AUTHOR

George S. Everly, Jr., PhD, ABPP, CCISM is an award-winning author and researcher. In 2016, he was ranked #1 published author in the world by PubMed PubReMiner in the field of crisis intervention. He holds appointments as Professor in the Department of International Health (affiliated) at the Johns Hopkins Bloomberg School of Public Health, Associate Professor (part time) in Psychiatry at the Johns Hopkins School of Medicine. He is considered one of the founding fathers of the field of disaster mental health. He was a co-founder of the Dept of Psychiatry at Union Memorial Hospital and served on the management committee 12 years. In addition, he has served on the adjunct faculty of the Federal Emergency Management Agency, the FBI's National Academy at Quantico, Virginia, and ATF's Peer Support Team. He is an advisor to the Hospital Authority of Hong Kong. Dr. Everly is co-founder of, and serves as a non-governmental representative to the United Nations for, the International Critical Incident Stress Foundation, a non-profit United Nations-affiliated public health and safety organization. He was Senior Advisor on Research in the Office of His Highness the Amir of Kuwait. Prior to these appointments, Dr. Everly was a Harvard Scholar, visiting in psychology, Harvard University; a Visiting Lecturer in Medicine, Harvard Medical School; and Chief Psychologist and Director of Behavioral Medicine for the Johns Hopkins Homewood Hospital Center.



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