



FIRST
EDITION



REVIEW COURSE

Critical Incident Stress Management (CISM): A PRACTICAL REVIEW

International Critical Incident Stress Foundation, Inc.



George S. Everly, Jr., PhD, ABPP, CCISM

The Johns Hopkins University, Loyola University, Maryland

Jeffrey T. Mitchell, PhD, CCISM

The University of Maryland Baltimore County



**CRITICAL
INCIDENT STRESS
MANAGEMENT
(CISM):
A Practical Review**

**George S. Everly, Jr., PhD, ABPP, CCISM
&
Jeffrey T. Mitchell, PhD, CCISM**

© 2016 George S. Everly, Jr. and Jeffrey T. Mitchell
All rights reserved. Duplication of any of these
materials is strictly prohibited.

About the Authors

George S. Everly, Jr.

George S. Everly, Jr., PhD, ABPP, FAPA, FAPM, CCISM is an award-winning author and researcher. In 2016, he was ranked #1 published author in the world by Pub-Med Finder in the field of crisis intervention. His paper on resilient organizational cultures was ranked #1 in its content domain by Bio-Med Library. Dr. Everly is co-Founder and Chairman Emeritus of the International Critical Incident Stress Foundation. He holds appointments as Associate Professor (part time) in Psychiatry at the Johns Hopkins School of Medicine, Professor in the Department of International Health (adjunct) at the Johns Hopkins Bloomberg School of Public Health, and Professor of Psychology at Loyola University in Maryland (core faculty).

In addition, he has served on the adjunct faculty of the Federal Emergency Management Agency and the FBI's National Academy at Quantico, Virginia. He was a member of the CDC Mental Health Collaboration Committee (having chaired the mental health competency development sub-committee), the Infrastructure Expert Team within the US Department of Homeland Security, and the NVOAD Emotional & Spiritual Care Committee, as well as the NVOAD Early Psychological Intervention sub-committee. He was Senior Research Advisor, Social Development Office,

Office of His Highness, the Amir of Kuwait, State of Kuwait. Prior to these appointments, Dr. Everly was the Chief Psychologist and the Director of Behavioral Medicine for the Johns Hopkins' Homewood Hospital Center. He was a Harvard Scholar visiting in Psychology, Harvard College and a Visiting Professor at the University of Hong Kong.

Dr. Everly is a Fellow of the American Psychological Association and a Fellow of the American Institute of Stress, in addition, he has been awarded the Fellow's Medal of the Academy of Psychosomatic Medicine and the Professor's Medal of the Universidad de Weiner (Peru). He was elected a “Pioneer in Traumatology” by Florida State University and received the Leadership Award from the American Red Cross.

Jeffrey T. Mitchell

Jeffrey T. Mitchell, PhD, CCISM is Clinical Professor of Emergency Health Services at the University of Maryland in Baltimore County, Maryland. He is a member of the Graduate Faculty of the University of Maryland. He is a co-founder and President Emeritus of the International Critical Incident Stress Foundation. He earned his Ph.D. in Human Development from the University of Maryland. He served for six years as a regional coordinator of Emergency Medical Services for the Maryland Institute for Emergency Medical Services Systems. He was responsible for the development of the Emergency Medical Services System in five southern

Maryland counties. After serving as volunteer paramedic / firefighter for ten years, he developed a comprehensive, integrated, systematic, and multi-component crisis intervention program called “Critical Incident Stress Management.” Today, that program reduces traumatic stress in many countries.

He has authored more than 275 articles and 19 books in the stress and crisis intervention fields. He serves as an adjunct faculty member of the Emergency Management Institute of the Federal Emergency Management Agency. He is a faculty member of Florida Institute of Technology and teaches a course on the psychology of disasters. Dr. Mitchell is a faculty member in the school of education, Johns Hopkins University. He is a reviewer for the Journal of the American Medical Association (JAMA), Disaster Medicine, the Journal of Emergency Medical Services (JEMS) and the International Journal of Emergency Mental Health. He received the Austrian Red Cross Bronze Medal for his work in Crisis Intervention in the aftermath of the Kaprum, Austria train tunnel fire. The Association of Traumatic Stress Specialists approved Dr. Mitchell as a Certified Trauma Specialist.

The United Nations appointed him to the United Nations Department of Safety and Security Working Group on Stress. He has consulted on stress, crisis, and trauma topics in 28 nations and in every one of the 50 United States.

CONTENTS

Introduction.....	1
Chapter One: Foundations of CISM	3
Critical Incident	3
Terrorism as a Critical Incident	6
Psychological Toxicity.....	8
The Effects of Terrorism.....	9
Psychological Efforts to Mitigate the Adverse Impact of Terrorism.....	16
Psychological Crisis.....	17
Crisis Intervention.....	22
PIE.....	22
Effectiveness of Crisis Intervention.....	24
Pastoral Crisis Intervention (PCI).....	29
Functional Elements of PCI.....	30
Peer Support Approach.....	32
Disaster Mental Health	33
Continuum of Care.....	33
A New Paradigm: The Johns Hopkins’ Resiliency Model (RRR).....	34
Critical Incident Stress Management (CISM).....	37
Strategic Planning and CISM: Three Tools	46
Effectiveness of CISM.....	52
Controversy.....	59
Chapter Two: Crisis Communications.....	65

Rapport and Empathy	65
Questions.....	69
The Diamond Technique.....	70
Action Directives	72
Body Language	74
19 Important Crisis Communications	
Concepts	74
Chapter Three: The Nature of the Crisis Response	79
Five Categories of the Crisis Response	79
Surveillance and Psychological Triage.....	85
The Sea-3 Mental Status Assessment	88
Chapter Four: Assisting Individuals in Crisis.....	89
SAFER-R	90
SAFER-R and Suicide Intervention.....	100
CCDR Model	100
Chapter Five: Informational Group Crisis Intervention	
Rest Information Transition Services (RITS) .	103
Crisis Management Briefings (CMB).....	104
Chapter Six: Interactional Group Crisis	
Intervention	111
Interactive Group Crisis Intervention	111
Defusing.....	113
Critical Incident Stress Debriefing	
(CISD).....	129
Strategic Planning: Groups	162
Chapter Seven: The Rules of Engagement	167
National Incident Management System	
(NIMS).....	167

(NIMS) Components.....	170
Emergency Operations Center (EOC)	172
Incident Command System (ICS)	173
Placement of Psychological Crisis	
Intervention Teams	175
Principles of Operation in Large-Scale	
Incidents	176
Chapter Eight: Supporting Crisis Interventionists	
and Self-Care	181
Physical Challenges	181
Cultural Challenges.....	183
Role Ambiguity.....	183
Role Conflict.....	184
Role Overload	184
Existential Challenges.....	185
Coping and Support Interventions	185
Chapter Nine: The CISM Team-General Guidelines	
for Team Development and Leadership.....	195
Basic Organizational Considerations	195
Thoughts on the Use of Peer Support	198
Crisis Leadership	200
Appendix 1: Sample Review Questions on CISM.....	205
Appendix 2: Sample CISM Questions with	
Answers.....	219
Appendix 3: A Guide to Relevant Resources	229
References.....	243
Index	261

Figure 1.1: The CISM Amalgam of Interventions.....	41
Figure 1.2: Circles of Impact	48
Figure 1.3: The Funnel Technique.....	50
Figure 1.4: A Planning Matrix	52
Figure 2.1: The Empathy Cascade	67
Figure 2.2: The Diamond Technique	70
Figure 6.1: Cognitive & Affective Phases of CISD	142
Figure 7.1: ICS Structure	174
Table 1.1: Pastoral Crisis Intervention.....	31
Table 1.2: Six Core Factors of Critical Incident Stress Management (CISM)	43
Table 3.1: Cognitive Indicia	80
Table 3.2: Emotional Indicia.....	80
Table 3.3: Behavioral Indicia.....	81
Table 3.4: Spiritual/Faith Indicia	81
Table 3.5: Physical Indicia.....	82
Table 6.1: Group Planning Matrix	163
Table 7.1: Administrative Positions.....	175

INTRODUCTION

It has been over a decade and a half since we last wrote a comprehensive review of Critical Incident Stress Management (CISM) (Everly & Mitchell, 1999). This volume represents the latest available review of the core concepts, intervention tactics, and research on Critical Incident Stress Management (CISM), albeit in digest form.

Since the last review of CISM was written, many changes have taken place in the fields of critical incident stress and disaster mental health. The recognition that first responders and the military are at extraordinary risk for developing acute and posttraumatic stress injuries and disorders, continues to grow, though still not universally recognized. With such recognition of the high intensity and high risk of these professions is acknowledged, there comes an ethical, if not legal, obligation to protect those personnel; an obligation to create the most reasonable and ‘safest workplace’ possible. While some environments may be inherently high risk, if not toxic, and thus immutable to psychological detoxification (e.g., combat), the obligation would seem to extend to reactive prophylaxis such as crisis intervention and resiliency fostering initiatives. This is the essence of CISM. Given the hindsight of four decades we have come to understand

that CISM is, at its core, a program designed to foster human resilience.

Though originally formulated for emergency services personnel, CISM with some modification, may be useful when applied to other populations at high risk for psychological injury or posttraumatic stress. This would include the military, disaster response agencies, relief workers, and humanitarian aid personnel including: public health agencies, hospital personnel, educators, faith-based interventionists including chaplains, transportation workers, and civilians in workplaces vulnerable to violence, accidents, and criminality.

Although formulated over four decades ago, CISM has endured perhaps largely because of its flexibility to adaptation to numerous and diverse situations, populations, and venues. By definition, CISM is a comprehensive, integrated, systematic and multi-component intervention system. The skills involved in successful application are: 1) ***tactical competency using the specific interventions across the CISM continuum***, and 2) ***choosing the best intervention at the right time for the right target group***.