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

The 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
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.