Evaluating the Efficacy of Critical Incident Stress Debriefing: A Look at the Evidence

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Executive Summary

Two principles of medicine are reflected upon when considering psychological interventions for people who were exposed to or experienced trauma. The first maxim is the medical model's sequence of assessment, diagnosis, and treatment. The second dictum for helpers is first, do no harm (a.k.a., *primum non nocere*). Keeping these admonitions in mind, helping professionals, organizational management, and human relations specialists are advised to proceed cautiously when prescribing remedial treatment for potential mental distress. Some vulnerable people seem to favorably respond to psychological debriefing and other more resilient individuals may be adversely affected. Various results have locked apostles and disparagers into a contentious relationship that goes against the spirit of good science. This article intends to bring some balance to a very popular and sometimes universally applied intervention for exposure to critical incidents. The objective is to bring sanity to an uncontrolled conflict over Critical Incident Stress Debriefing (CISD). In an attempt to provide balance to the CISD brouhaha claims and counterclaims are discussed. Advocates personal involvement with the movement, hardiness and vulnerability are considered.

Prologue

I do not have an ax to grind in the Critical Incident Stress Debriefing (CISD) issue that will be discussed below. The reason for this opening disclaimer will become apparent when the parochial and aggressive tone used by participants debating the unresolved controversy becomes apparent in the following article. After surveying the biased literature and propaganda on psychological debriefing, the motivation to write this article came from moral and ethical considerations,

My original interest was in researching *coping mechanisms* for dealing with the stressor of unemployment; which then expanded to include income loss, divorce, cancer, injury, death, disasters, military deployment and combat. Reviewing the scholarly research was a straightforward process. Acting upon the politics will require customer knowledge, motivation, courage, and judgment. To do this, commanders, executives, and human relations professionals need unvarnished information from unbiased reports. Managers will need to differentiate self-serving puff pieces from impartial evidence. A source of truth might be found in legitimate refereed scholarly journals and other reliable publications.

Fortunately, extensive inquiry is no longer difficult. Academic literature on business and social science issues is now relatively easy to broadly explore because of technology advancers, in recent years. Multiple computer databases can be simultaneously searched in seconds. Many are directly connected to full-text sources of cited articles. Several more papers can be quickly unearthed through electronic journals. These on-line resources at college libraries provide quick and easy ways to assemble pertinent copies of credible scholarly papers. Of course, photocopies and interlibrary loan can fill in the gaps. *Google* searches of the Internet provide ready access to public outlets. This is useful information for commanding and executive officers that want to and should, after digesting the articles, periodically and independently assess the pros and cons of movements after reading the articles. Fortunately, in recent years the readability of much scholarly literature in the social sciences has improved and can be readily understood by the uninitiated.

My excursion indirectly led me to Critical Incident Stress Debriefing. CISD is an intuitively appealing and popular means of debriefing and educating police, fire, rescue and military personnel after exposure to or involvement in traumatic events. I initially approached this with an accepting attitude until several studies[1,2,3,4,5,6,7,8] posited the method may violate a primary medical and human service dictum: *primum non nocere*—first, do no harm. As the interested proponents of CISD aggressively challenge opposition, in the face of proliferating criticism, the efficacy and harm issues have not been independently resolved.

Discovery and Development of CISD

Jeff Mitchell first introduced CISD to the public, in 1983.[9] He and George Everly wrote a manual, published in 1999 by Chevron Publishing Corporation.[10] Psychological debriefing methods have been adopted by fire,[11] rescue,[12] military,[13] and law enforcement organizations.[14] Attendance is often mandatory for members of subscribing groups who are exposed to a critical incident.[1,11] During the 1990s the method was effectively sold to many organizations.[15] This was during an era when it was believed that trauma inevitably led to Post Traumatic Stress Disorder (PTSD).[16] To not have severe adverse reactions was considered pathological.[17]

CISD is aggressively promoted and defended by its founder and his supporters and hundreds of advocacy articles were published.[18] Opposing this, several studies have questioned its efficacy[1-8] and some reports even contend it is detrimental for some people.[7,8] So, during the past several years, a confluence of events and empirical findings has cast doubt on the effectiveness and safety of CISD.

Countering this changeover, the founder aggressively and bitterly challenged[19] a scholar who wrote a critical article[2] for an Australian psychology journal. Mitchell's opening paragraph included: "The article is replete with inaccuracies, misinterpretations, and distortions" and he concluded with the "article, unfortunately, only adds to the cacophony of misinformation about crisis intervention and the field of Critical Incident Stress Management."[19] A more telling quote from Mitchell is: "Every single study author of a negative study did it wrong."[20] This is an audacious statement to make against scholars who have published in respected refereed journals.

These quotes give an indication of the intensity with which advocates put forth their position. Apparently, the CISD debate is not a collegial exchange among social scientists. Mitchell and Everly tout their own academic appointments and Ph.D.s and use them to attribute scholarship to themselves. They do not ascribe competence to credentials that are affixed to those with whom they disagree. Unfortunately, it does not appear there is going to be consensus in the academic community. Therefore, the time has come for unbiased customers to consider the contrary "evidence" that has mired the debate in a standoff.

Invested Proponents

CISD is often referred to as the Mitchell method, based upon his original article, in 1983.[9] As one goes through the literature, it might also be suitable to connect George Everly's name to the method. Separately, together, and with other authors they produced many articles and books. While in post-graduate school, Mitchell first contacted Everly because he had done work on assessment and treatment of traumatic stress.[21] Their work complemented each other's and since the early 1980s they have had a professional relationship.

Mitchell and Everly are listed on the International Critical Incident Stress Foundation (ICISF) Web site[22] as President Emeritus and Chairman of the Board Emeritus, respectively. As a founder of ICISF, it is hard to understand why Mitchell wrote, in his attack mentioned above,[19] the statement: "*That is not the truth*. Dr. Everly and I are not the directors of ICISF" (italics in original). His compatriot, Everly, in a 2006 article, reported: "Conflict of Interest: None declared."[23] Attempting to appear to not be a partisan makes no sense because the method is widely adopted and their involvement is common knowledge.

The ISISF Ninth World Conference on Stress, Trauma & Coping, was held February 14-18, 2007. The five days of meetings hosted a broad spectrum of participants having a vast array of backgrounds and associations. Their website contained the brief bios of 149 presenters.[24] Mitchell claims that ICISF provides the most crisis intervention services in the world.[20] Each year 30,000[20] people are educated by ICISF and police, fire, and military organizations are customers. As a result, there is now a large contingent of trained people, having various experiences, who are disciples.

Founder's Interests

In addition to the ICISF, Everly is listed as the founding executive editor of the *International Journal of Emergency Mental Health* on the Johns Hopkins Center for Public Health Preparedness Web site.[25] JHCPHP also provides training, seminars, conferences, and media resources. Mitchell, Everly, and their associates own Chevron Publishing Company, which published their books.[1] Thus, they are very actively involved with the dissemination of information on CISD.

In *The International Journal of Emergency Mental Health*, published by Chevron Publishing Company, there are many articles supporting CISD. On the other hand, there are no articles in the independent *International Journal of Stress Management*, since taken over by the Educational Publishing Foundation of the American Psychological Association, in 2003.

Readers need to be cognizant of citation's sources. All publications are not created equal. It is also useful to consider why an author took the time to write an article.

Disciples

Consider a typical advocacy. The *FBI Law Enforcement Bulletin* published "The FBI's Critical Incident Stress Management Program," in 1999.[26] at the time, articles in British medical journals of 1993, 1996, and 1997 had published findings[27,28,29] that psychological debriefing can interfere with natural healing processes. These were ignored or discounted. CISD was in its heyday and largely unchallenged at the end of the last century. It still prospers despite additional findings and extensive concerns that have appeared since the millennium.[1-8]

The first author of the *Bulletin* article, Vincent McNally, was a FBI Special Agent and Unit Chief/EAP Administrator for the FBI, before retiring and becoming president of Trauma Reductions, Inc. His bio can be found on the National Center for Crisis Management Web site.[30] The article's bio states that the second author, Roger Solomon, was Director of Critical Incident Recovery Resources and a consultant to the FBI's Critical Incident Stress Management Program.

These author's backgrounds are included because they indicate the advocates are well positioned, influential, and involved professionally with psychological debriefing. It is an important example that illustrates a common practice of authors writing about methods in which they have a vested interest. Then, once an approach is ingrained, it is not easy to change the prevailing culture of an organization. In-house apostles resist internal change.

Seemingly credible research can be slanted to the opinions of the initiated. A recent article in *Psychology in the Schools*[31] sampled from "125 professionals who attended all sessions of CISM training." The training consisted of three two-day courses that had Mitchell and Everly among the presenters. Do not lose sight of the fact that those doing the treating are not victims of critical incidents who should be the subjects of research.

Societal beliefs supported perceived need to aggressively intervene in trauma situations. The psychological debriefing movement grew and prospered during a time when our collective belief in society (called the Zeitgeist) was that a preponderance of negative events fed long-term Post Traumatic Stress Disorder (PTSD).[32] As limitations of CISD become apparent there is motivation for others to offer their product to cure past ills. This fostered an environment in which entrepreneurs marketed alternative products.

Competitors

Consider another psychological intervention method that was promoted. A 2004 article in *Risk Management Magazine* said:

> Practitioners have embraced CISDs before there was a solid foundation of evidence-based research to support or reject its efficacy. Moreover, even the CISD was never intended to be used as stand-alone intervention or as a substitute for post-crisis psychotherapy, it is often used in those capacities. Numerous health organizations, such as the British National Health Service, the U.S. Department of Defense, the National Institute of Mental Health, American Red Cross and the American Psychological Association have all questioned the efficacy of CISDs, citing that when improperly employed, they may well worsen a person's mental condition. This is especially true when CISDs are used as standalone therapy with no follow-up, leaving patients to cope on their own with the long-term elements of post-traumatic stress.[33]

The authors go on to substitute their own resilience-training program for CISD. They are CEO and training and development director of Crisis Management International (CMI). CMI has an Internet site. The second author has a Ph.D. The outlet they chose to present the above critique and proposed substitute is the house organ for the Risk and Insurance Management Society, Inc.

While this example is opposed to CISD, it illustrates the commercialization of the debate. Once again, it behooves decision makers to consider where and by whom something is published. For this reason, this articles preamble discusses the added difficulty to getting published in the usually more credible referred academic journals. Of course, The *International Journal of Emergency Mental Health* also claims it is referred and it is the outlet for the International Critical Incident Stress Foundation that is controlled by Mitchell and Everly.

Evaluations, New Developments, and the Zeitgeist Change

Latter day writers are tapping into new findings and changes in the societal *spirit of the times*—called the Zeitgeist—in this 21st century. As things have changed since the FBI article was written in 1999, it might be useful to consider the history of the movement and take a new look at old evidence and consider new evidence. By the turn of the century there was a shift occurring in the Zeitgeist toward positive psychology,[34,35] which focuses on human strengths, not vulnerability.

Nine-eleven Events and Aftereffects

September 11, 2001, might be considered one of the watershed events that by its sheer enormity led us to reconsider CISD. An estimated nine thousand counselors descended on New York City after the attack on the World Trade Center.[15] Many donated their services and others were paid professionals. Whatever their motivation, psychological debriefing agents were following methods that they expected to be healing. There was a perceived need, but the debriefing community expressed concern that many were unprepared and untrained.[20]

Supporting a need for psychological debriefing, a telephone survey, conducted by the Center for Disease Control and Prevention, sampled 3,512 adult residents in the New York, New Jersey, and Connecticut area determined that: "Seventy-five percent of respondents reported having problems attributed to the attacks, 37.5% reported worry, 23.9% reported nervousness, and 14.2% reported sleep disturbance."[36]

A contrary post nine-eleven random survey of 2,752 metropolitan New York City residents found that 65.1% were resilient.[37,38] Over 50% were resilient if they were a witness or were in the World Trade Center when it was attacked. For those physically injured, PTSD was 26.1% and resilience was 32.8%. Evidently, proximity and involvement in an event has a mediating effect on number affected with PTSD and those remaining resilient.

Resilience is affected by proximity to the event and whether one was personally injured.[37,38] In any case, it was found there is a substantial number of people that rely on their own internal resources to handle a crisis. A concern is that an intrusive intervention may undermine resilient people's natural means of dealing with critical incidents.

Resilience

Recognition, empirical support, and acceptance of the ubiquity of human resilience were another factor that emerged since the turn into the 21st century. The *American Psychologist*, prime journal of the American Psychological Association, featured an article on resilience, in 2004, by George Bonanno.[17] Although the human resilience concept had been explored for several years, Bonanno is currently a most prevalent readily readable writer on the subject.

Resilience is the internal strength of humans after the death of close friends and relatives, witnesses to trauma, and personal illness or injury. Scholarship and research, since the millennium, has shifted from assuming universal victimhood to an emphasis on human strengths and ability to independently recover or resist detrimental aftereffects of critical incidents.

Previously, there was a general belief among bereavement specialists that loss and trauma was usually toxic to *sane* people.[17,39] Unassisted adjustment was "pathologized." Bonanno empirically found four classes of people with roughly the following ranges of prevalence: (1) Chronic, 10–30%; (2) Delayed, 5–10%; (3) Recovery, 15–35%; and (4) Resilience, 35–55%.[37]

The PTSD progression of each group is different. The *chronic* reactors have high initial reactions and maintain their elevated stress level for months and years. Another group, whose symptoms elevate over time, is the *delayed* reactors. Initially their symptom level is moderate and then begins to increase over the following months.

Using Bonanno's data, above, about a third of those exposed to critical incidents might have a proclivity toward PTSD. This is counter to the previous belief that most people have high grief, trauma, and stress reactions.[17,39] This common belief in overwhelming susceptibility supported an early recommendation that everyone get a mandatory debriefing.[1,11]

Now we have data that some people have an initial moderate reaction, even above the delayed reactors, but they *recover* over time, when left to their own devices. The other positive group is *resilient*. Their initial reaction is mild and they exhibit few symptoms in the following months and years. These two groups can be considered to make up about two-thirds of those exposed to critical incidents. This resilient proportion has been found to drop if the person is injured in the event. The worst case lowest number reported still has over a quarter of the involved being resilient. Surely, they deserve consideration and protection from harm.

Resilience may be a major factor in finding a downside to CISD. The Cochrane report[7] hypothesizes we may be causing secondary traumatization [sic], activating a sense of shame, and medicalizing [sic] normal distress. I would add undermining a person's personal way of meaning making, a cognitive psychology precept that we need to make sense or life. Further work needs to be done to understand how interfering with an individual's personal ways of dealing with loss causes them harm. Nevertheless, we can no longer assume that CISD is always effective or benign, even if it works for some people.

Sufficient evidence exists to employ the medical model of assessment, diagnosis, and then treatment. As CISD is supposed to be a prophylactic treatment based upon exposure to a critical incident, a diagnosis will not be known beforehand. Nevertheless, an awareness of various personal reactions to the possible intrusion of psychological debriefing on the recipients psyche needs to be considered. It cannot be assumed that universal exposure is always helpful or in the worst case benign. To assess the consequences, consideration needs to be given to a range of studies.

Meta-analyses

Meta-analyses mathematically assess the results of multiple past studies that meet the investigator's criteria for inclusion. Various results can be obtained depending upon the integrity of the underlying studies that are included and the analytical approach used.

Of the several meta-analyses done, the most credibility is given to a September 7, 2002, article in *The Lancet*,[8] the respected British medical journal. This article is the most significant one to raise concerns about the efficacy of CISD. A second commentary in the same issue supported the meta-analysis and emphasized the downside of CISD.[40] Another well-respected review of psychological debriefing that showed its downside is from The Cochrane Collaboration,[7] which has a reputation for being unbiased.

To counter these independent studies, Roberts and Everly published their own meta-analysis in 2006.[41] The first author, Albert Roberts, edited a *Crisis Intervention Handbook,* in 2005.[42] Most of the citations in their article were chapters in the handbook. As expected, their results favor CISM; albeit, with limitations. Critical Incident Stress Management is an update to CISD.

The Future is Now

Everly now proposes "methodologically rigorous research.[41] It would have been better if CISD was prototyped, tested evaluated, limitations learned, debugged, and had established population

inclusion criteria before introducing and nurturing the protocol worldwide. Unlike the situation with pharmaceuticals, there is no Food and Drug Administration overseeing the suitability of psychological interventions. With this lack of insight, for the quarter century of CISD's ascendancy the proponents did not underwrite, or at least publish, independent scientifically sound research.

An evaluative article on CISD in law enforcement concludes that there is support for the method in the literature, albeit limited.[43] The authors looked at several reports and point out some of the prevalent limitations in the studies. There is much reliance on testimonials and satisfaction reports from participants. Controls were convenience samples and not randomly selected groups. They focused on the idiosyncrasies of the law enforcement *culture*. While acknowledging the preference for scientific methods, the authors highlighted reasons why credible research is challenging.

A 2004 article in the FBI *Law Enforcement Bulletin* presented what it called "best practices" to support psychological debriefing.[14] Eleven law enforcement organizations were surveyed to briefly describe what they do. These histories are illustrative but do not emphasize a basic element of best practices, which is to systematically monitor and evaluate outcomes.[44] Anecdotes from satisfied customers are not scientific research. Likewise, accolades from advocates practicing the method are not valid for research purposes, either. ICISF has recognizes the criticism leveled against the CISD movement. Mitchell and Everly have incorporated caveats into their writing about assessment and selecting appropriate candidates for debriefing[43] and an admonition to do no harm.[45] With due consideration to the work they have done, it is time for decision makers in using organizations to set up unbiased and unaffiliated management boards to evaluate psychological debriefing practices.

Epilogue

As an observer, it is troubling that what should be a reasonable scientific inquiry has degenerated into a name-calling fray. My approach to the subject quickly led me to see there were two sides to the story. Because so many police, fire, rescue, military, and business organizations have committed to the process over the past twenty-plus years, they have a duty to make and unbiased and independent evaluation of the process. Professionals have a fiduciary responsibility to protect their constituency and the public, even when it undermines existing protocol, personal gain, and cherished beliefs.

This article does not advocate a blanket rejection of CISD because it seems to help some people. What is suggested is use of the medical model where the process is assessment, diagnosis, and then treatment. Consider physical medicine where insulin that can be a lifesaver for diabetics can kill people with low blood sugar. Likewise, targets of mental interventions need to be similarly differentiated. CISD ran into trouble because it was universally applied for many years and no attempt was made to differentiate the resilient from the vulnerable.

Entering "CISD and critical incident" into academic, business, social science, and psychology databases yields the array of sources that cover both sides of the issue. With the convenience that technology at college libraries has provided, it can be expected that personnel responsible for managing psychological debriefing get at least a yearly update on *all* the scholarly literature.

To date, there has been heavy reliance on consultants that have a vested interested in the outcome. The subject is sufficiently clear and straightforward to enable interested and committed laypeople to independently evaluate the outcome studies. *Primum non nocere* obligates decision makers to objectively consider the pros and cons of corporate programs.

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