

CRITICAL INCIDENT STRESS MANAGEMENT DEBRIEFING

PROCESS

Although the Critical Incident Stress Management (CISM) interventions may be familiar to many clinicians, some explanation of additional key concepts of this form of crisis intervention is worthy of discussion and review (Everly and Mitchell, n.d.) (Mitchell, 2006) (Mitchell, 2017). Critical incidents are powerful, sudden, and disruptive to the individual's sense of control and ability to cope effectively, overwhelm the senses, and are traumatic in nature to those individuals exposed to such events. These may not only affect first responders or military personnel, but anyone who may be exposed to and traumatized by either natural or manmade disasters. "Being helpless, handed over, determined by outside forces, these are the coordinates of traumatic experience" (Chief {Retired} Richard Biehl, Personal Communication, October 7, 2023).

The rationale for conducting a Defusing or Critical Incident Stress Management (CISM) debriefing involves the reduction or mitigation of the impact of a critical incident, promotion of the recovery process and resilience, returning first responders to duty following a traumatic event, and evaluation of the need for additional services, whether group or individual (Mitchell, 2006) (Mitchell, 2017). Other interventions that fall under the umbrella of CISM include individual counseling with a licensed practitioner, family interventions, departmental follow up, psychoeducation, pre-incident education, and referrals for additional crisis intervention services. Participation in any of these forms of intervention is strictly voluntary.

The seven-step Critical Incident Stress Debriefing process (The Mitchell Model) is as follows (Everly and Mitchell, n.d.).

Phase I ~ Introduction – Members of the team are introduced, the process is described, ground rules are established, the tone is set for CISM, and participants are encouraged to participate.

Phase II ~ Fact Phase – This involves a brief overview of the facts by participants in a chronological order of events in order to begin the process of speaking openly and developing a comfort level with the CISM process. Everyone is encouraged to speak and to become a part of the discussion, but this is not mandatory. This part of the debriefing process assists attendees in understanding the critical importance of their roles during the critical incident.

Phase III ~ Thought Phase – This phase begins the transition from the cognitive to the affective domain, as it is oftentimes more comfortable to focus upon thoughts than the more distressing emotional aspects of critical incidents. Participants are asked what their overriding thoughts were on scene when they first “came off autopilot.” This is the last time that team members will request a response from attendees. Again, speaking is not required.

Phase IV ~ Reactions – This is truly the crux of the CISM process, as it speaks to the issue of the psychological impact of any critical incident, fostering the discussion of the painful emotions that participants may be experiencing, ranging from sadness and grief, to anger, rage, frustration, confusion, and feeling overwhelmed by uncomfortable emotions at this stage. The primary questions to be asked are, “What is/was the hardest or worst part of this incident for you?” or “What is the most memorable or stands out the most for you regarding this incident?”

Phase V ~ Symptoms – In this phase, team members discuss the physical, cognitive, emotional, and behavioral symptoms/reactions that are more commonly experienced by those exposed to critical incidents/traumatic events, encouraging discussion among participants regarding their personal experiences at the scene of the critical incident. This may also include discussion of the spiritual impact of the incident.

Phase VI ~ Teaching – Team members normalize those symptoms revealed by participants, summarizing their experiences, and providing vital information about stress management, self-care, and any other subject matter relevant to the specific

critical incident at hand, as well as managing it effectively in order to be able to return to duty.

Phase VII ~ Reentry – Participants are encouraged to offer final statements/feedback and to ask further questions about the process and their experiences. Team members summarize the debriefing and provide resource information and handouts about the CISM process, information for families, and any other resource information relevant to critical incidents and coping constructively with them. Final thoughts and gratitude are always expressed to participants for their valiant service to their respective professions at the conclusion of the debriefing.

Following the debriefing process, refreshments are typically served while team members are available for questions, guidance, provision of follow up referrals, and to “anchor” participants with team members as needed (Everly and Mithcell, n.d.) Mitchell, 2006) (Mitchell, 2017). In the days and weeks following, one member of the team is always designated to contact departmental supervisors and family members (upon request), both telephonically and in person at work sites, in order to determine the need for follow up services and further interventions. At this point of the CISM, referrals for professional mental health services are offered upon request.

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