

CISM Model: Be Mindful of the Standard of Care

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After teaching a Group Crisis training approved through the International Critical Incident Foundation (ICISF), and participating in both a Group Crisis Intervention and an Individual Crisis Interventions seminar, it is paramount that I address several issues.

First, ICISF is the “standard of care” in terms of providing crisis intervention for individuals exposed to a critical incident. During the group crisis training, each participant is taught the correct procedures for providing this training. It is essential each group leader follow ALL of these procedures to ensure attendees are provided with quality intervention care. When these procedures are not followed, the potential for harm to occur is increased.

Research and personal experience proves the utilization of the CISM model is effective when it is performed according to established standards. **Most of the negative discussions regarding CISM are the results of individuals NOT implementing the interventions according to established ICISF standards.**

Secondly, for a group crisis intervention to follow established standards, several important procedures must be followed. It is essential there be a mental health professional and, at minimum, two debriefing peers present while the debriefings/defusings are being held. The number of peers attending depends on the number of individuals being debriefed. Another essential element for proper following of established standards is ALL debriefing leaders must have attended the Group Crisis Training course. If an individual is conducting a Group Crisis intervention, and not following this standard, they ARE NOT following “standard of care” procedures as developed by ICISF.

If Group crisis interventions do not follow this important standard, the result can have a devastating effect on your organization/community. Chief Mark Jones, Headland Police Department, Headland, Alabama, can attest to the harm that his department experienced following a Line of Duty debriefing that was not conducted according to ICISF standards (watch video on [www. thecrisisdoctor.com](http://www.thecrisisdoctor.com)).

Singling out certain first responders, while neglecting others, can create division among the groups we are trying to assist. For example, following a critical incident, EMS personnel were informed they did not need to attend the debriefing because, “you see death all the time.” Again; an example of incompetent CISM personnel not following established standards. It is paramount that if one is going to utilize CISM for a crisis intervention tool, they must follow the established pattern of intervention!

Secondly, be prepared before contemplating the following:

1. Develop a list of qualified ICISF approved individuals trained in both group and individual crisis intervention. By preparing before the incident, the chances of receiving less than the standard of care are diminished.
2. When the incident occurs, just because a fax or phone call is received from someone desiring to extend help, it doesn’t mean that you have to react at that moment in time. **Not everyone who claims to be a crisis interventionist is in reality a qualified crisis interventionist. They can cause damage to your personnel and others involved in the incident.**
3. The Crisis Interventionist should be present for the intervention process so appropriate measures, such as follow up care, can be implemented. Also, the group members should meet with the lead interventionist to establish rapport, and guidance for the group intervention.

Someone once told me, “At least we did something, and that is better than doing nothing.” Well, I disagree. After having to “clean up” after crisis interventions that were not conducted according to established standards, it has become my goal to teach, follow, and advocate the utilization of techniques established by ICISF.

You and your organization deserve more than an inadequate, “thrown together” intervention during your time of crisis. You deserve a crisis intervention following the Standard of care, which in turn will provide stabilization of your personnel and prevent further harm.

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