
Leader Effectiveness in the Implementation of CISM

By Captain Nate Brookshire

This article describes a Military Police Corps study designed to analyze the use and effectiveness of critical-incident stress management (CISM). The question remains: “Can we reduce the occurrences of suicide through effective CISM programs?” On 4 September 2006, I received a call from a close friend who was the executive officer for a military police unit at Fort Campbell, Kentucky. He called to inform me that one of the Soldiers from my former platoon had shot and killed himself. At the time of the call, my friend was on his way to the Soldier’s apartment to learn more details. But the most important detail of all was never uncovered: The Soldier’s command, family, and friends still do not know why this outstanding individual chose to take his own life. What they do know is that he completed two strenuous deployments and that he had a strong bond with his fellow platoon members. As individuals within the organization moved on, the Soldier remained with an ever-decreasing number of those whom he considered to be family.

Current research indicates that the use of a methodical process involving selected, trained peer supporters can have a positive effect on the ability to prevent or appropriately react to critical-incident stress. There are multitudes of emergency service organization programs designed to help emergency professionals handle critical-incident stress. Since the 1980s, civilian emergency service and federal disaster agencies have commonly used critical-incident stress debriefings as a tool for conducting psychological first aid. The U.S. Army Military Police School currently uses the Critical-Incident Peer Support (CIPS) Program to train leaders in the CISM process. However, there are indications that improvements to CISM programs are necessary. Primary research indicates that emergency service organizations need a standardized CISM program that focuses on resiliency, leader effectiveness, and education. A multicomponent management approach and the establishment of long-term studies should enhance leadership capabilities to care for emergency service responders.

Emergency service organizations face numerous critical incidents that directly impact the long-term effectiveness of individuals and organizations. Natural disasters, terrorist attacks, mass shootings, and U.S. involvement in long-term conflicts have heightened the focus on CISM. In the early 1980s, Jeffrey T. Mitchell designed a CISM program consisting of a “‘package’ of

crisis intervention tactics that are strategically woven together to (1) mitigate the impact of a traumatic event, (2) facilitate normal recovery processes in normal people who are having normal reactions to traumatic events, (3) restore individuals, groups, and organizations to adaptive function, and . . . (4) identify people within an organization or a community who would benefit from additional support services or a referral for further evaluation and, possibly, psychological treatment.”¹ This program is now under attack due to a lack of longitudinal studies regarding its effectiveness. Bryan E. Bledsoe posits that the “Mitchell Model” may even cause negative results.²

A February 2010 study conducted by Webster University, St. Louis, Missouri, focused specifically on Military Police Corps leaders who are responsible for managing stress reduction programs within their organizations. However, the Military Police Corps is unique in that military police serve in a dual capacity—as law enforcement officers and as Soldiers. Commonly referred to as the *warrior police*, these Soldiers provide police expertise to the combat commander in garrison and deployed environments.³ Although the military police population is valuable to critical-incident stress studies, the results obtained cannot be used to effectively draw conclusions for emergency service responders as a whole.

The Webster University study included an online survey designed to identify the current application and

effectiveness of CISM programs within the Military Police Corps. Questionnaires were e-mailed to 1,751 military police leaders in the ranks of chief warrant officer two through chief warrant officer five and captain through colonel; 179 of these questionnaires were completed and returned, for a response rate of 9.78 percent.

The findings indicated that 58.1 percent of the respondents had received CISM training during the previous twelve months. In general, those respondents felt that the instructors were passionate about the subject matter and that the CISM training was somewhat effective; however, they also felt that the programs and training methodology were inconsistently applied throughout the organization and that CISM training should be standardized.

Several of the respondents indicated that the U.S. Army lecture or online approach to the implementation of stress reduction programs is ineffective and that access to CISM training and resources is limited and poorly defined. Only 24.4 percent of the respondents agreed that the current method of CISM training is effective.

While most respondents (68.2 percent) indicated that their leaders support CISM, some were not aware of any CISM programs at all, and others felt that their leaders expected them to be “hardened” to events. Overall, survey participants rated the understanding of CISM in their organizations as moderate (43.9 percent). They noted that most of the programs available in their organizations are inspected and validated by their leaders. Respondents indicated that mandated programs (such as Suicide Awareness, Battlemind, and Prevention of Sexual Assault) are well defined, but that specific peer support programs and methods for managing critical-incident stress are not. One respondent commented that his organization requires CISM training without fully defining what CISM is and that leaders, therefore, do not resource the program—or even check to see if it has been implemented. Numerous other respondents indicated that their organizations took CISM issues into consideration only after a critical incident had already occurred, leaving them with limited resources and capabilities to benefit from the program. The following survey excerpts illustrate specific concerns about leadership support for the staffing of CISM programs within emergency service organizations:

- “We fail to show empathy toward those who truly need the time and attention to discuss problems, issues, and concerns.”
- “My employer required several paramedics who had witnessed the violent death of a child to attend a critical-incident stress program, and it resulted in more hostility than it reduced stress.”
- “Not once have I, or any of the agents I know of, had any sort of support program offered to us. It seems to me that our chain of command thinks we are all

just ‘hardened’ to such incidents and [that] we have learned to deal with the stress on our own. We are expected to report to duty the next day and drive on like nothing has ever happened.”

Overall, the survey revealed that 64.4 percent of the respondents agreed that CISM is beneficial. The results suggest that leaders who take the time to learn about their subordinates, conduct realistic training, and follow up with counseling are successful in reducing the negative impact of critical-incident stress. Many of the essay responses revealed great concern for the impact of critical-incident stress on emergency service personnel. Respondents agreed (at a rate of 43.3 percent) that CISM programs reduced the effects of a traumatic experience (with another 43.3 percent neither agreeing nor disagreeing with that assessment). The high rate of indifference could be attributed to the inability of respondents to address the effectiveness of the programs due to a lack of tracking and follow-up care for those who have experienced critical-incident stress.

Many of the respondents (55.7 percent) knew someone who had committed suicide, and most (60.8 percent) agreed that enhanced stress-management programs would reduce the suicide rate.

The free-text portion of the survey contained numerous positive comments regarding the CIPS Program, which could serve as a model of CISM standardization in organizations that routinely react to critical incidents.

The respondents also expressed some overall concern about the effective implementation of CISM programs. It appears that organizations—many of which are overwhelmed—are merely “checking the box” when it comes to fulfilling training requirements. However, more than half of the survey respondents (54.4 percent) agreed that the lack of a peer support program would negatively impact the ability of their units to accomplish their missions. Furthermore, 57.7 percent of the respondents believed that, if improperly implemented, CISM programs could have a negative impact on their organizations. Based on the results of the study, the following actions are recommended:

- Mandate a uniform CIPS training program led by experienced peer supporters.
- Increase military police leaders’ participation in the program.
- Increase CIPS funding and contract former military police and special agents to assist units in peer support training.
- Avoid “check the box” training methodology.
- Validate the program through surveys and follow-ups.
- Consider establishing one CIPS administrator for each installation or region.

As a result of his experience in behavioral medicine and his time as a noncommissioned officer in the Special Forces, Major Thomas Jarrett (a mental-health provider who served in Baghdad, Iraq) developed Warrior Resilience Training. He describes the program as a stopgap measure between mandatory training, such as Suicide Awareness and Battlemind, and traditional combat stress programs.⁴ Warrior Resilience Training focuses on Soldiers' values, the Warrior Ethos, and stoic philosophy. Jarrett's methods are comparable to Mitchell's peer support methodology,⁵ in that they promote caring and compassionate leaders who are trained to identify the adverse effects of critical-incident stress in individuals and organizations. Jarrett, who works closely with existing Army programs, uses the training to prepare medics for the battlefield. According to a brief survey conducted after the completion of a class, Soldiers and their leaders felt that positive results were gained from the voluntary training.⁶

In conclusion, the current CIPS Program meets the basic tenets of CISM methodology and could be used to further the attempts of the Military Police Corps—and the Army in general—to reduce suicide rates within our ranks. However, the Webster University survey of Military Police Corps leadership indicates a need for more effective CISM. Leaders at all levels could surely benefit from additional instruction in developing effective peer support programs related to CISM.

Endnotes:

¹Jeffrey T. Mitchell, "Critical Incident Stress Management," <<http://www.info-trauma.org/flash/media-e/mticellCriticalIncidentStressManagement.pdf>>, accessed on 8 December 2010.

²Bryan E. Bledsoe, "Critical Incident Stress Management (CISM): Benefit or Risk for Emergency Services?" *Prehospital Emergency Care*, 1 April 2003.

³Brigadier General David Quantock, "Chief, Military Police Corps Regiment, and Commandant, United States Army Military Police School," *Military Police*, Spring 2007.

⁴Thomas Jarrett, "Warrior Resilience Training in Operation Iraqi Freedom: Combining Rational Emotive Behavior Therapy, Resiliency, and Positive Psychology," *The Army Medical Department Journal*, July–September 2008, pp. 32–39.

⁵Mitchell, "Critical Incident Stress Management."

⁶Jarrett, 2008.

References:

James S. Angle, *Occupational Safety and Health in the Emergency Services*, Delmar Learning, Albany, New York, 1999.

Bruce T. Blythe and Tonya Teal Slawinski, "An Alternative to Stress Debriefings," *Risk Management*, 1 May 2004.

Edwin D. Boudreaux, and Bhrett McCabe, "Critical Incident Stress Management: Developing a Team," *Psychiatric Services*, December 2000.

Randy M. Caine and Levon Ter-Bagdasarian, "Early Identification and Management of Critical-Incident Stress," *Critical Care Nurse*, Vol. 23, No. 1 59-65, 1 February 2003.

Cherie Castellano and Elizabeth Plonis, "Comparative Analysis of Three Crisis Intervention Models Applied to Law

Enforcement First Responders During 9/11 and Hurricane Katrina," *Brief Treatment and Crisis Intervention*, Oxford University Press, 25 September 2006.

Carl von Clausewitz and Anatol Rapoport, *On War*, Penguin Classics, New York, 1982 (originally published in 1832).

Monty Clouse, "BICEPP Sponsors Dr. Mitchell's Training," *Business and Industry Council for Emergency Planning and Preparedness*, July 2009.

Jim Collins, "Leadership Lessons From West Point," (Forward), <http://www.jimcollins.com/article_topics/articles/leadership-lessons.html>, accessed on 13 December 2010.

M. Deahl et al., "Preventing Psychological Trauma in Soldiers: The Role of Operational Stress Training and Psychological Debriefing," *British Journal of Medical Psychology*, Vol. 73, No. 1, March 2000.

Diagnostic and Statistical Manual of Mental Disorders, 4th ed., American Psychiatric Association, Washington, D.C., 2000.

"Emergency Preparedness and Response: Critical-Incident Stress," Department of Labor, Occupational Safety and Health Administration, U.S. Department of Labor, 1 March 2005, <<http://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>>, accessed on 13 December 2010.

George S. Everly, Jr., "Five Principles of Crisis Intervention: Reducing the Risk of Premature Crisis Intervention," *International Journal of Emergency Mental Health*, Winter 2000.

George S. Everly and Jeffrey T. Mitchell, *Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention*, 2d ed., Chevron Publishing Corporation, 13 April 1999.

Donna Ferguson, "Critical Incident Peer Support (CIPS)" [brochure], U.S. Army Military Police School, 2010.

Field Manual (FM) 6-22, *Army Leadership*, 12 October 2006.

FM 7-0, *Training for Full Spectrum Operations*, 12 December 2008.

Charles R. Figley and William P. Nash, editors, *Combat Stress Injury: Theory, Research, and Management*, Routledge, New York, 2007.

Daniel Goleman, *Social Intelligence: The New Science of Human Relationships*, Bantam Dell, New York, October 2006.

Gregory C. Gray et al., "The Millennium Cohort Study: A 21-year Prospective Cohort Study of 140,000 Military Personnel," *Military Medicine*, Vol. 167, 2002.

Herbert G. Heneman and Timothy A. Judge, *Staffing Organizations*, 4th ed., McGraw Hill, Boston, Massachusetts, 2003.

S.R. Jenkins, "Social Support and Debriefing Efficacy Among Emergency Medical Workers After a Mass Shooting Incident," *Journal of Social Behavior and Personality*, 1996.

M. Kalia, "Assessing the Economic Impact of Stress—The Modern-Day Hidden Epidemic," *Metabolism*, Elsevier Science, June 2002.

Richard L. Levenson, "Prevention of Traumatic Stress in Law Enforcement Personnel: A cursory look at the Roles of Peer Support and Critical Incident Stress Management," *The Forensic Examiner*, 22 September 2007.

"Mission Statement," International Critical Incident Stress Foundation, <<http://www.icisf.org>>, accessed on 14 December 2010.

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J.T. Mitchell, “*Crisis Intervention and Critical Incident Stress Management: A Defense of the Field*,” International Critical-Incident Stress Foundation, Ellicott City, Maryland, 2004.

“Resilience Training,” (formerly “Battlemind”), U.S. Army Medical Department, <<https://www.resilience.army.mil/>>, accessed on 14 December 2010.

Russell Strand, “Fort Hood Critical Incident Peer Support After Action Review,” Family Advocacy Law Enforcement Division, U.S. Army Military Police School, 2009.

William J. Ussery and Judith A. Waters, “COP-2-COP Hotlines: Programs to Address the Needs of First Responders and Their Families,” *Brief Treatment and Crisis Intervention*, 2006.

William J. Ussery and Judith A. Waters, “Police Stress: History, Contributing Factors, Symptoms, and Interventions,” *Policing: An International Journal of Police Strategies & Management*, Vol. 30, Issue 2, 2007.

Bessel A. van der Kolk et al., editors, *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, The Guilford Press, New York, 1996.

Bruce J. Walz, *Introduction to EMS Systems*, Delmar Cengage Learning, Albany, New York, 2002.

John Wooden and Don Yaeger, *A Game Plan for Life: The Power of Mentoring*, Bloomsbury, 13 October 2009.

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