

It Is Neither New Nor News

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Would you be surprised if you read headlines today that said “Pepto Bismol is not a cure for cancer?” In all likelihood, you would not be surprised. The antacid has never claimed that it is a cure for cancer. Therefore, we should be equally unsurprised when *The Lancet* comes out with a study that says that single session debriefings are ineffective.

We have known since the beginning of CISM services back in the mid 1970’s that single session debriefings are ineffective. In fact, the first article ever written about the Critical Incident Stress Debriefing (CISD) in 1983, then known as the “Mitchell Model”, clearly indicated that there are many interventions which needed to be linked and blended together into a comprehensive, systematic and multi-component program of crisis intervention. Therefore, the findings in *The Lancet* are not new, nor are they newsworthy.

What may be more surprising is that *The Lancet* has allowed itself to publish a study with several serious misconceptions and fatal flaws. In other words, there is some questionable science in the article. Without going into a very lengthy, point-by-point, description of the problems with *The Lancet* article, suffice it to say the following:

1. The authors of *The Lancet* article confuse crisis intervention with psychotherapy.
2. *The Lancet* study further confuses crisis intervention with counseling and psychotherapy. The terms in the article are used as if they were synonymous.
3. The authors mistakenly claim that single session debriefings are the standard of practice in the field.
4. *The Lancet* article blends into its meta-analysis counseling or therapy sessions, individual consultations, and group processes that are clearly not CISDs nor are they crisis intervention contacts. In the study, there are things that the authors call “CISD” but instead they are group processes that violate the standard procedures in the field. There are even “debriefings” that are described by the authors as not being CISDs. The article then proceeds to describe all of these different types of interventions as if they were CISDs. They put everything under one label, CISD. *The most fatal flaw in the study is that the interventions assessed are not all the same thing.* If you are measuring different things within a study that erroneously claims that they are all the same then you cannot draw any legitimate conclusions.

5. Each of the studies in the meta-analysis is an older study, which has already been reviewed and critiqued. There are no new studies in *The Lancet* meta-analysis. Each of the reviewed studies is seriously flawed. Putting them all in a new wrapping does not improve the quality of the studies. They were gravely flawed when they were first written and they remain so now.

For those of us who provide CISM services, this comes as a relief since we do not do, nor do we promote, single session debriefings. We instead use and promote a comprehensive, systematic and multi-component approach to crisis intervention. So, *The Lancet* article is not about us and instead further validates ICISF's protocol of CISM.. It is telling people that which we already know. Single session debriefing is ineffective. We have been saying the same thing since the inception of CISM twenty-eight years ago. So, whoever is doing them should stop that practice. We agree with that one point.

The media frenzy that has surrounded the release of *The Lancet* article is unwarranted and inappropriate. The headlines are claiming that early intervention, crisis counseling, and grief counseling all do not work. *The Lancet* article does not cover any of those things. It has nothing to do with September 11, early intervention, the work of the American Red Cross or the National Organization for Victim Assistance, grief counseling, crisis counseling, disaster response, and the efforts of ICISF CISM teams who responded. Its only conclusion is that single session debriefings are ineffective. No news there.

On the other side of the coin, a National Institutes of Mental Health document, *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims / Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices* has just been released. The press release for the NIMH study says, "Early Mental Health Intervention Reduces Mass Violence Trauma." This document supports early intervention and the use of a comprehensive, systematic and multi-component approach to crisis intervention. It affirms that there is a role for paraprofessionals in early intervention. It also supports the concept that only properly trained people should be providing early intervention services. Those are the things that ICISF promotes and we can certainly agree with the standards suggested by the NIMH report. The monograph is new and it is newsworthy. Let's pay more attention to it.

References:

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