

Prof. Grant J. Devilly.
Centre for Neuropsychology, Swinburne University.
Email: gdevilly@swin.edu.au
Web: <http://www.swin.edu.au/victims>

CISD/M: The question is not “if it works”, but rather “why it doesn’t” and “why people still want to administer it”.

There have been eleven randomised controlled trials into psychological debriefing, and in every case there has only been found one of two results: either the debriefing had no obvious effect on people or it made them significantly worse than having received no intervention. If this were a pill it would have been banned by the Therapeutic Goods Administration.

Critical Incident Stress Debriefing / Management (CISD/M) is a proprietary intervention developed and reported by the then paramedic, Jeff Mitchell, in 1983 (not “the late 70’s”). It was referred to as “CISD” (not “CISM” – which only appeared as a term in the late 90’s when negative results for CISD became commonplace) and it quickly became an ubiquitous response to trauma. But why?

Well, first, people want to help (and some want to *be seen* to help) after such events. It’s unfortunate that this type of help does not reach its goal. Secondly, ‘debriefers’ frequently confuse *satisfaction* with wellbeing. After a trauma people appreciate the gesture and the attention that debriefing affords - but this is different from saying that it is a wise specific course of action for one’s employees mental health. Thirdly, the large stick of litigation has historically been raised over the heads of HR management and the carrot of CISD/M being able to make the workforce more productive (e.g., through reduced absenteeism) has been inappropriately suggested by those with most to gain.

It is instructive that the evidence proffered for the beneficial effects of debriefing by the proprietors of the technique is usually maintained through their own website, their own newsletters or their own publishing company. Independent and impartial evaluators usually refer to the independent scientific literature. Furthermore, a common ploy in these instances is to claim that researchers are lagging behind practice. However, surely the burden of proof lies with those making such startling claims? For example, we have no evidence, one way or the other, regarding ‘group debriefing’. Multi-component crisis intervention programmes do not “pose a challenge for researchers”, they initially pose a challenge for those making the claims of efficacy. We do have approaches that, for now, are best practice (see Devilly & Cotton, 2003), let’s use them.

Reference:

Deville, G.J., and Cotton, P. (2003). Psychological debriefing and the workplace: Defining a concept, controversies and guidelines for intervention. *Australian Psychologist*, 38, 144-150.