

## BOOK REVIEWS



**Jeffrey T. Mitchell, *Group Crisis Support: Why It Works, When and How to Provide It* (Ellicott City, MD: Chevron Publishing, 2007), 183 pp.**

The author's purpose in writing this book is to argue that supportive group sessions work to help minimize and mitigate the effects of a critical incident experienced in the course of one's work or when one is a bystander to a random critical event. Mitchell has participated in critical incident stress management group work for over three decades and is one of its major philosophical and clinical developers. His background, first as an emergency medical paramedic and then as a practicing clinical psychologist and professor, has prepared him well to discuss this topic. His belief is strongly stated in this book that "support CISM [critical incident stress management] groups for small and large groups work." He shares existing data, best practices, stories from the field, and his own personal clinical involvement in standardizing the CISM approach to group support. He also clearly and forcefully states that CISM supportive groups are neither developed nor designed to serve as psychological mental health therapeutic groups. The CISM model of supportive responding following a critical incident is not a replacement for intervention by clinically trained and licensed mental health practitioners.

"Group crisis intervention must be part of a more comprehensive supportive service program that offers a variety of helpful services to those impacted by a critical incident." Mitchell's statement provides support for organizations within the community to strategically plan a comprehensive critical incident support program that includes CISM small and large intervention groups. The CISM model is not a stand-alone program of support.

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It is part of a larger care program that includes pre-incident training and awareness programs and post-CISM group support follow-up and referral services. Strategic planning allows community-based chaplains to guide the development of a supportive program and become a viable force for addressing people's spiritual wellness needs following a critical incident. Often, the CISM-trained and -certified chaplain becomes the leader and coordinator of the local CISM response team. Mitchell further states that "a haphazard approach can do harm and not prove to be effective in mitigating the impact of traumatic events on the general population or the professional emergency responder. A well-organized and strategically planned approach to crisis intervention (CI) can save time, money, [and] resources, and work effectively to return the affected group (person) back to a state of normalcy and high functioning."

In the context of shared leadership principles that address ethics and integrity, "Shared ethical values transcend individual culture and guarantees healthy diversity." Within a comprehensive community or organizational supportive services program, each individual is valued for his or her own uniqueness as well as his or her need to thrive and return to a sense of normalcy following exposure to an individual or corporate traumatic critical incident. In *Principles of Biomedical Ethics*, Beauchamp and Childress share four principles—autonomy, beneficence, nonmaleficence, and justice—that comfortably augment the leader's (pastor's or chaplain's) use of CISM support groups as a form of traumatic incident intervention.

I highly recommend this book to clergy leaders in congregational or institutional chaplaincy work. Chaplains will benefit from Mitchell's clear and concise definitions of terminology, brief history of the development of crisis support group services, and personal involvement in the development and practice of CISM supportive group processes known as defusing and debriefing. Mitchell champions the comprehensive development and implementation of community and organizational supportive services with CISM programs as a centerpiece of rapid-response critical incident management.

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