

**Search #2 : crisis intervention**

**1 AU: Motomura,-Naoyasu; Iwakiri,-Masahiro; Takino,-Yozo; Shimomura,-Yoichi; Ish Masahiro**

**TI:** School **crisis intervention** in the Ikeda incident: Organization and activity of the mental team.

**SO:** Psychiatry-and-Clinical-Neurosciences. 2003 Apr; Vol 57(2): 239-240

**AB:** Presents the school **crisis intervention** of the Mental Support Team (MST) in the trauma incident in 2001 in Japan. On June 8 of that year, a 37-yr-old man entered the Ikeda Elementary School and stabbed 8 pupils and injured 15 pupils and 2 teachers. Eight pupils were murdered. The school was closed until August 27. Many pupils witnessed the scene and they were thought to be suffering from deep psychological trauma. First, just hours after the incident the MST was organized. Participants from 10 organizations including universities, police, government ministries, and counseling centers. A 24-hr hotline, an outreach program, free counseling for families and psychoeducation for parents were organized. A press coordinator was appointed to give information to journalists, and newsletters for parents were published. The MST advised that schools should not to reopen prematurely. On August 27 the pupils were able to return to school. The authors maintain that schools need to have a pre-established crisis prevention and response plan in place when a crisis occurs. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

[Complete Record](#)

**4 AU: Myer,-Rick-A; Moore,-Holly; Hughes,-Tammy-L**

**TI:** September 11th survivors and the refugee model.

**SO:** Journal-of-Mental-Health-Counseling. 2003 Jul; Vol 25(3): 245-258

**AB:** This article compares the experience of people working in the area of the World Trade Centers (WTC) on September 11th to the experience of refugees. The refugee model provides a better description of survivors' experience than a diagnostic model. The author's service provision for an organization adjacent to the WTC after September 11th serves as a basis for suggesting this alternative perspective. Positive and negative aspects of diagnosing victims of disasters are discussed both in general and specifically related to post-traumatic stress disorder. Information regarding the refugee experience is presented and related to the experience of WTC survivors. Implications for framing the treatment process in similar disasters are suggested. (PsycINFO Database Record (c) 2003 APA, all rights reserved)(journal abstract)

[Complete Record](#)

**AU:** Everly,-George-S Jr; Flannery,-Raymond-B Jr; Eyler,-Victoria-A

**TI:** "Critical Incident Stress Management (CISM): A statistical review of the literature": Correction.

**SO:** Psychiatric-Quarterly. 2003 Fal; Vol 74(3): 309

**AB:** Reports an error in the original article by G. S. Everly et al (Psychiatric Quarterly, 2002[Fall], Vol 73[3], 171-182). On page 178: Table 1: the unweighted mean Cohen's d was incorrectly reported as 3.11, it should have read 3.6 . In addition, on page 179, Cohen's d = 3.6; fail safe number greater than 700. (The following abstract of this article originally appeared in record 2002-04704-001.) **Crisis intervention** has emerged over the last 50 years as a proven method for the provision of urgent psychological support in the wake of a critical incident or traumatic event. The history of **crisis intervention** is replete with singular, time-limited interventions. As **crisis intervention** has evolved, more sophisticated multicomponent **crisis intervention** systems have emerged. As they have appeared in the extant empirically-based literature, their results have proven promising. A previously published paper narratively reviewed the Critical Incident Stress Management (CISM) model of multicomponent **crisis intervention**. The purpose of this paper was to offer a statistical review of CISM as an integrated multicomponent **crisis intervention** system. Using the methodology of meta-analysis, a review of eight CISM investigations revealed a Cohen's d of 3.11... (PsycINFO Database Record (c) 2003 APA, all rights reserved)

[Complete Record](#)

**AU:** Kirk,-Alan-B; Madden,-Liddell-L

**TI:** Trauma Related Critical Incident Debriefing for Adolescents.

**SO:** Child-and-Adolescent-Social-Work-Journal. 2003 Apr; Vol 20(2): 123-134

**AB:** Events like the tragedy at Columbine High School and the terrorists attacks on New York City in 2001 have highlighted the need for mental health practitioners to become familiar with interventions that are designed to assist young people who have survived extremely stressful events. Mental health professionals often see people who have experienced car accidents, severe abuse, rape, or other victimization, as well as survivors of natural and man-made disasters during the first critical stages of the recovery period. This article describes the process of critical incident de-briefing and provides a step-by-step primer for its application. The process is short-term (four sessions or less) and provides an intervention designed to reduce the frequency and severity of post-traumatic stress symptoms. Adolescents are particularly at risk because of issues surrounding identity formation, self-esteem, and developmental differences in coping mechanisms. Therefore, those who work with an adolescent cohort should be familiar with debriefing methods and how to apply them to the teenager. (PsycINFO Database Record (c) 2003 APA, all rights reserved)(journal abstract)

**AU: McGee,-Richard-K; Jennings,-Bruce**

**TI:** Ascending to "lower" levels: The case for nonprofessional crisis workers.

**BK:** Lester, David (Ed). (2002). Crisis intervention and counseling by telephone (2nd ed.). (pp. 231-241). Springfield, IL, US: Charles C. Thomas Publisher, Ltd. xii, 306 pp. [SEE BOOK](#)

**AB:** (from the chapter) Examines the issues and data and offers a rational basis upon which to draw an informed conclusion in favor of the nonprofessional as the most appropriate **crisis intervention** worker. The arguments come from various sources: dogma, precedent, practical considerations, and laboratory research. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**Potter,-Dennis; Stevens,-James-A; LaBerteaux,-Paul**

**TI:** Practical concepts and training exercises for crisis response teams.

**SO:** International-Journal-of-Emergency-Mental-Health. 2003 Win; Vol 5(1): 53-54

**PB:** US: Chevron Publishing.

**AB:** Review of Book: Dennis Potter, James A. Stevens, and Paul LaBerteaux (Aus.) Practical Concepts and Training Exercises for Crisis Response Teams. Chevron Publishing (2003), Ellicott City, MD, 464 pp., ISBN 1-883581-33-8. Reviewed by Therese A. Cobb. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

[Complete Record](#)

**AU: Robert,-Bertrand; Lajtha,-Chris**

**TI:** A new approach to crisis management.

**SO:** Journal-of-Contingencies-and-Crisis-Management. 2002 Dec; Vol 10(4): 181-191

**PB:** United Kingdom: Blackwell Publishing.

**AB:** The key to effective crisis management lies not so much with the writing of detailed manuals (that have a low likelihood of being used, and an even lower likelihood of being useful) and practising location evacuations as with structured and continuous learning processes designed to equip key managers with the capabilities, flexibility and confidence to deal with sudden and expected problems/events - or shifts in public perception of any such problems/events. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**AU: Lagadec,-Patrick**

**TI:** Crisis management in France: Trends, shifts and perspectives.

**SO:** Journal-of-Contingencies-and-Crisis-Management. 2002 Dec; Vol 10(4): 159-172

**PB:** United Kingdom: Blackwell Publishing.

**AB:** The object of this article is to give an idea of crisis management in France. I will look at two principal axes: firstly, a simplified outline of the system as it has evolved over the years and with regard to the major changes it is undergoing today; secondly, an overview of the efforts recently made by the most progressive actors in the field. More often than not, crises lead to a loss of faith in yet unquestioned references, with regard to legitimacy, credibility and responsibility. France offers a highly contrasted scene as a country still resisting inevitable change. Although there is growing disorder, new opportunities are arising. Wishing to take a dynamic approach to these questions rather than a descriptive one, I have sought to distinguish the main themes and their interactions. I will particularly look at: problems raised by new crises in complex societies; the means necessary for ensuring progress (Boin; Lagadec 2000); resistance to these measures; and, finally, some of the most promising initiatives. The vocation of the European Crisis Management Academy is to share past experience as well as questions and answers in an area of great instability and critical stakes. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**Wieseler,-Norman-A; Hanson,-Ronald-H**

**TI:** Building an effective team for crisis prevention and response.

**BK:** Hanson, Ronald H. (Ed); Wieseler, Norman A. (Ed); et-al. (2002). Crisis: Prevention and response in the community. (pp. 257-273). Washington, DC, US: American Association on Mental Retardation. xii, 276 pp.[SEE BOOK](#)

**AB:** (from the chapter) Describes the characteristics of an effective team for people with developmental disabilities and the manner in which collaboration is developed and maintained. This chapter also describes how a productive interdisciplinary team meeting should be conducted and how the integrated service plan can be efficacious during crisis prevention and response. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

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In Database: PsycINFO 2003/01-2003/06.

**Wieseler,-Norman-A; Hanson,-Ronald-H; Oslund,-Joan-M**

**TI:** The Minnesota crisis system: A public-private collaboration.

**BK:** Hanson, Ronald H. (Ed); Wieseler, Norman A. (Ed); et-al. (2002). Crisis: Prevention and response in the community. (pp. 63-77). Washington, DC, US: American Association on Mental Retardation. xii, 276 pp.[SEE BOOK](#)

**AB:** (from the chapter) Describes the collaboration between state and private service agencies

providing community-based crisis prevention and assistance to people with developmental disabilities in the Minneapolis-St. Paul seven-county metropolitan area of Minnesota. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**Hanson,-Ronald-H (Ed); Wieseler,-Norman-A (Ed); Lakin,-K-Charlie (Ed)**

**TI:** Crisis: Prevention and response in the community.

**PB:** Washington, DC, US: American Association on Mental Retardation. (2002). xii, 276 pp.

**AB:** (from the introduction) Crisis services--the prevention and minimization of dangerous and destructive behaviors and the organized effective response when the crisis situation occurs--has emerged nationwide as a necessary service. This publication provides information to readers who are planning crisis services for people with developmental disabilities and describes how such services are currently being provided in many different states or locales. Part 1 examines the challenges of community systems. Part 2 addresses state and regional networks of crisis prevention and response. Part 3 presents specialized programs designed for special populations. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**AU: Laor,-Nathaniel; Wolmer,-Leo; Spirman,-Smadar; Wiener,-Ze'ev**

**TI:** Facing war, terrorism, and disaster: Toward a child-oriented comprehensive emergency care system.

**SO:** Child-and-Adolescent-Psychiatric-Clinics-of-North-America. 2003 Apr; Vol 12(2): 343-361

**AB:** Disasters, war, and terrorism are destructive phenomena that usually show up precipitously and involve massive damages and human suffering. Disaster intervention calls for responsible preparation that must be managed from the top down and from the bottom up. Based on ecologic systems theory and principles borrowed from public health, preventive medicine, communal welfare, education and urban planning, this article offers a theory of disaster that proposes a common intellectual matrix for medical, psychological, educational, and social interventions. The authors describe a case study model in the city of Tel-Aviv for trauma and disaster intervention in which they designed and implemented a community mental health program that empowers agents within various child care institutions as mediators to intervene after emergencies and major disasters. (PsycINFO Database Record (c) 2003 APA, all rights reserved)(journal abstract)

[Complete Record](#)

**AU: Mohr,-Wanda-K**

**TI:** Understanding children in crisis: The developmental ecological framework.

**BK:** Zubenko, Wendy N. (Ed); Capozzoli, Joseph A. (Ed). (2002). Children and disasters: A practical guide to healing and recovery. (pp. 72-84). London, Oxford University Press. xii, 183 pp. [SEE BOOK](#)

**AB:** (from the introduction) In this chapter, the author provides a theoretical framework from which

we can approach the psychological relief efforts for children and adolescents. This chapter presents a theoretical perspective that describes the complexity that we face in understanding the interplay of biology, psychology, social, and cultural forces, all of which must be taken into account when considering a child in crisis. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**Reeves,-James-J**

**TI:** Perspectives on disaster mental health intervention from the USNS Comfort.

**SO:** Military-Medicine. 2002 Sep; Vol 167(Suppl9): 90-92

**PB:** US: Assn of Military Surgeons of the US.

**AB:** Immediately after September 11, 2001, the USNS Comfort was deployed to provide relief to the rescue workers involved with the World Trade Center collapse. The members of the behavioral healthcare team had little field experience in disaster psychiatry and had to organize a response quickly. Due to the unique nature of the assignment, the behavioral care team had to take nontraditional approaches to care. Through preparation of the team to implementation of care, the team learned a great deal about disaster mental health interventions. These perspectives are compared with those in the psychiatric literature to better understand the lessons of the September 11th tragedy. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**Black,-Nancy; Morris,-James**

**TI:** The child and adolescent psychiatrist in the Pentagon response.

**SO:** Military-Medicine. 2002 Sep; Vol 167(Suppl9): 79-80

**PB:** US: Assn of Military Surgeons of the US.

**AB:** Discusses the experiences of child and adolescent psychiatrists (CAPs) in the response to the September 11, 2001 terrorist attack on the Pentagon. In the first hours after the attack, many CAPs were tasked to support personnel involved in the initial response effort of either working in the Pentagon or searching the crash site. CAPs were also detailed to the quickly-established Family Assistance Center (FAC). CAPs were initially involved in incident debriefings at the Pentagon and later in educational type sessions, where CAPs found that introducing themselves as CAPs would "open a door" to speak about children and family members. This "open door" allowed people to speak of themselves and their roles in a safe way, through the metaphor of their personnel, children, or someone else's family. Participants experienced this process as permitting them to share feelings, talk, and do things together that families may have moved away from because of the usual demands of daily life. At the FAC, interactions ranged from direct crisis interventions to supervision of other providers on site. A clinical vignette illustrating the direct use of clinical skills is provided of a young child who related the story of the tragic loss of one parent in the attack. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**Schwerin,-Michael-J; Kennedy,-Kevin; Wardlaw,-Michael**

**TI:** Counseling support within the Navy Mass Casualty Assistance Team post-September 11.

**SO:** Military-Medicine. 2002 Sep; Vol 167(Suppl9): 76-78

**PB:** US: Assn of Military Surgeons of the US.

**AB:** Prior to the terrorist attacks on the Pentagon and World Trade Center, the Navy Casualty Assistance mass casualty plan was undergoing transformations that were set in place to improve service quality and information flow among all process owners. One component of the mass casualty plan was the establishment of a Counseling Support Cell (CSC), a group within the Casualty Assistance response team that would provide care and recovery support to team members, Casualty Assistance Calls Officers, and next of kin. This paper outlines the major objectives of the CSC, phases of implementation, and the impact of the effort. The tasking of the CSC focused on providing informal and personal support to mass casualty team members, including talking with team members during breaks, stepping in and offering help where short-term project assistance was needed, and monitoring group morale and individual coping ability. Stress management information was disseminated and informally discussed with team leaders and members. Peer counseling was encouraged and used by team members. During the week following the attacks, CSC members were increasingly used in emergency phone calls for family members who lacked a social support network or had pre-existing family or mental health issues prior to the attack. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

[Complete Record](#)

In Database: PsycINFO 2003/01-2003/06.

**Jose,-William-S**

**TI:** Risk-related benefits: The Foldcraft Corporation.

**BK:** Opatz, Joseph P. (Ed). (1994). Economic impact of worksite health promotion. (pp. 159-176). Champaign, IL, England: Human Kinetics Publishers. viii, 258 pp.[SEE BOOK](#)

**AB:** (from the chapter) risk-rated health insurance is an increasingly attractive addition to the mix of health care benefits and cost-containment strategies in the business setting / examine . . . issues involved in risk rating and make the case for investing in it as an important additional approach to coping with the health care **cost crisis** / specifically, . . . address the rationale for risk rating of health insurance, basic design principles for risk-rated programs, and examples of how these principles have been put into practice in a specific company /// profile the Foldcraft Corporation / Foldcraft has implemented a comprehensive risk-rating program independent of insurer involvement (PsycINFO Database Record (c) 2002 APA, all rights reserved)

**AU: Mosler,-Hans-Joachim; Brucks,-Wernher-M**

**TI:** Integrating commons dilemma findings in a general dynamic model of cooperative behavior in resource crisis.

**SO:** European-Journal-of-Social-Psychology. 2003 Jan-Feb; Vol 33(1): 119-133

**PB:** US: John Wiley and Sons.

**AB:** The research on commons dilemmas is characterized by innumerable published findings, each standing relatively isolated from the other. To date there is little integration of the findings under a unified concept. The present contribution aims to integrate already existing findings in a general dynamic model of cooperative behavior in resource crises by means of computer simulation. The model postulates that people base their decisions regarding resource use on both ecological and social information. Whether or not ecological or social information will dominate, however, depends on people's social values, attributions, and their perceptions of the state of the resource. The advantage of the simulation method used is that successful integration of the findings can be shown explicitly, as the simulation then replicates the experimental data. With the model presented here, it is also possible to let variables work together whose interaction has not yet been investigated in real experiments. For instance, the simulation model allows us to hypothesize that people, in dependency upon their resource uncertainty and in dependency upon their attributions, utilize a resource completely differently if the resource is in an optimal or sub-optimal condition. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

**AU: Borodzicz,-Edward; van-Haperen,-Kees**

**TI:** Individual and group learning in crisis situations.

**SO:** Journal-of-Contingencies-and-Crisis-Management. 2002 Sep; Vol 10(3): 139-147

**PB:** England: Blackwell Publishing.

**AB:** Simulated crisis scenarios are frequently cited as effective tools for organisational and individual learning. The issue is raised that simulation exercises may concentrate learning outcomes for exercise designers, facilitators and observers (the consultants). In contrast, learning outcomes for players (the clients) may be more difficult to define or measure. The authors wish to challenge the notion of organisational learning as a package to be delivered *fait accompli*, and offer a rival argument that the role of consultants is to empower organisations to learn for themselves and continue after the consultants have left. The paper reviews contemporary theories of learning and considers the commercial and ethical questions about the relationship between consultants and the teams targeted for training. (PsycINFO Database Record (c) 2003 APA, all rights reserved)(journal abstract)

**AU: Gilbert,-Claude**

**TI:** From one crisis to the other: The shift of research interests in France.

**SO:** Journal-of-Contingencies-and-Crisis-Management. 2002 Dec; Vol 10(4): 192-202

**PB:** United Kingdom: Blackwell Publishing.

**AB:** Crises can take many different shapes. Some are directly related to the confrontation with technological accidents, natural catastrophes and other threatening events. Others arise after the critical event has occurred and still others arise from the anticipation of a potential danger. Most research now focuses on crises that follow from confrontations and more precisely, on those crises linked to a specific event or to the anticipation of a risk or a threat. This situation, which differs from that in other countries, can be explained in various ways. Firstly, in France there has always been, and still are, multi-level obstacles to the study of really critical situations that threaten or shed doubts on experts and decision-makers. Secondly, it is also related to the way researchers, who are under different constraints, have been led to focus on specific types of events and on some of their aspects, as well as on specific analytical frameworks. French research orientations in the sphere of crises thus result as much from constraints external to the research world, as they do from the way this world has adapted itself to the internal logic of these constraints. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

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**AU: Fredrickson,-Barbara-L; Tugade,-Michele-M; Waugh,-Christian-E; Larkin,-Gregory-R**

**TI:** What good are positive emotions in crisis? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001.

**SO:** Journal-of-Personality-and-Social-Psychology. 2003 Feb; Vol 84(2): 365-376

**PB:** US: American Psychological Assn.

**AB:** Extrapolating from B. L. Fredrickson's (1998, 2001) broaden-and-build theory of positive emotions, the authors hypothesized that positive emotions are active ingredients within trait resilience. U.S. college students (18 men and 28 women) were tested in early 2001 and again in the weeks following the September 11th terrorist attacks. Mediation analyses showed that positive emotions experienced in the wake of the attacks--gratitude, interest, love, and so forth--fully accounted for the relations between (a) precrisis resilience and later development of depressive symptoms and (b) precrisis resilience and postcrisis growth in psychological resources. Findings suggest that positive emotions in the aftermath of crises buffer resilient people against depression and fuel thriving, consistent with the broaden-and-build theory. Discussion touches on implications for coping. (PsycINFO Database Record (c) 2003 APA, all rights reserved)(journal abstract)

**FTXT:** [ScienceDirect \(tm\)](#)

**\*LHM:** Esta revista esta en la Biblioteca San Joaquin: 1970-

**AU: Boehm,-Amnon**

**TI:** Participation strategies of activist-volunteers in the life cycle of community crisis.

**SO:** British-Journal-of-Social-Work. 2002 Jan; Vol 32(1): 51-69

**PB:** England: Oxford Univ Press.

**AB:** The aim of this paper is to propose a strategy for the management of activist-volunteers' participation in the cycle of a community crisis. The proposal, as outlined in the paper, is based on a nominal group process of 45 activist-volunteers, employees and directors along the confrontation line with Lebanon on the northern border of Israel. Participants were all veterans of previous crises. The nominal group process examined eight participation characteristics: areas of participation, level of influence, selection of activist-volunteers, definition of the organizational-political system, level of decentralization, participation forum and its size, use of tactics and intensity of participation. These were matched to four phases of community crisis (warning, shock, organizing and change). The findings of the study show that there is a need to build a variable participation strategy, composed of a different mix of components of the selected participation characteristics. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

**FTXT:** [SwetsWise](#)

**\*LHM:** Esta revista esta en la Biblioteca San Joaquin: 1999-

[Complete Record](#)

**AU: Rudolph,-Jenny-W; Repenning,-Nelson-P**

**TI:** Disaster dynamics: Understanding the role of quantity in organizational collapse.

**SO:** Administrative-Science-Quarterly. 2002 Mar; Vol 47(1): 1-30

**PB:** US: Administrative Science Quarterly.

**AB:** This article examines the role that the quantity of non-novel events plays in precipitating disaster through the development of a formal (mathematical) system-dynamics model. Building on existing case studies of disaster, the authors develop a general theory of how an organizational system responds to an on-going stream of non-novel interruptions to existing plans and procedures. It is shown how an overaccumulation of interruptions can shift an organizational system from a resilient, self-regulating regime, which offsets the effects of this accumulation, to a fragile, self-escalating regime that amplifies them. A new characterization of the conditions under which organizations may be prone to major disasters caused by an accumulation of minor interruptions is offered. This

analysis provides both theoretical insights into the causes of organizational crises and practical suggestions for those charged with preventing them. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

**\*LHM:** Esta revista esta en la Biblioteca San Joaquin: 1973-

**Freedman,-Carolyn-M; Low,-Sabina-M; Markman,-Howard-J; Stanley,-Scott-M**

**TI:** Equipping couples with the tools to cope with predictable and unpredictable crisis events: The PREP program.

**SO:** International-Journal-of-Emergency-Mental-Health. 2002 Win; Vol 4(1): 49-56

**PB:** US: Chevron Publishing.

**AB:** Focuses on the application of crisis intervention principles to primary prevention programs for marital distress. The Prevention and Relationship Enhancement Program (PREP) is a universal, empirically-supported preventative intervention program that teaches couples skills that decrease relationship risk factors and increase protective factors. These skills, mainly conflict resolution and communication skills, serve to protect relationships from the negative impact of both normative transitional crises (e.g., marriage) and other non-predictive crises. PREP emphasizes the development and maintenance of intimacy, commitment, and friendship in the relationship, which not only protects couples from the negative ramifications of crisis events, but may also decrease the chance of such crises happening in the first place. Research has shown that PREP significantly decreases multiple indicators of marital distress as much as 4 years after participation in the program in both clinical and community settings. PREP has also been shown to increase marital satisfaction. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

**Everly,-George-S Jr; Flannery,-Raymond-B Jr; Eyler,-Victoria; Mitchell,-Jeffery-T**

**TI:** Sufficiency analysis of an integrated multicomponent approach to crisis intervention: Critical incident stress management.

**SO:** Advances-in-Mind-Body-Medicine. 2001 Sum; Vol 17(3): 174-181

**PB:** US: John E Fetzer Institute.

**AB:** Discusses the effectiveness of the strategic and integrated multicomponent Critical Incident Stress Management (CISM; G. S. Everly and J. T. Mitchell, 1999; R. B. Flannery, 1998) approach to psychological crisis intervention after traumatic events. The authors discuss the evolution and core components of CISM and review research findings related to the effectiveness of early psychological crisis intervention and CISM. The core components include pre-incident training, demobilization for large groups, crisis management debriefing, defusing, group discussion, family intervention, individual intervention, pastoral intervention, management/command staff consultation and followup interventions. Although only 8 studies that assessed CISM were identified, the resultant sufficiency

ratio is seen to argue that these studies represent sufficient magnitude to support the effectiveness of this approach to crisis intervention. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

**AU: Eaves,-Cindy**

**TI:** The development and implementation of a crisis response team in a school setting.

**SO:** International-Journal-of-Emergency-Mental-Health. 2001 Win; Vol 3(1): 35-46

**PB:** US: Chevron Publishing.

**AB:** Reviews the need for and development of a school-based crisis intervention system. The author states that traumatic events and subsequent crises within the school setting can have a devastating effect on students, faculty, staff, and parents. Crises serve to comprise the most important mission of the school (learning). It is proposed that school crisis response plans should be a mandatory aspect of effective educational planning and administration. The effects of trauma on learning, potential crises faced by schools, school liability in crisis prevention and intervention, and advantages of a crisis response plan are explored. Also, obstacles to the implementation of a crisis response plan, theoretical guidelines and models for designing school crisis response, steps for determining goals/conducting needs assessment, and helpful hints in operating a response plan are presented. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

**AU: Morrow,-Hope-E**

**TI:** Coordinating a multiple casualty Critical Incident Stress Management (CISM) response within a medical/surgical hospital setting.

**SO:** International-Journal-of-Emergency-Mental-Health. 2001 Win; Vol 3(1): 27-34

**PB:** US: Chevron Publishing.

**AB:** Discusses the coordination of a multiple casualty Critical Incident Stress Management (CISM) Team response within a medical/surgical hospital setting. The author states that the medical/surgical hospital environment presents numerous challenges to a CISM Team Coordinator responsible for implementing a psychological crisis intervention. Specifically, this person is often responsible for managing a response to a large in-house multiple-casualty incident, sometimes involving fatalities. Many health professionals have not had the opportunity to work in a medical/surgical healthcare facility and consequently are not familiar with the environment (and agency culture) that exists within these employment settings. Thus, the author reviews important factors to be considered during the initial assessment of a critical incident in a hospital setting, logistical concerns that are unique to this setting, and the subsequent planning of the CISM Team crisis management response. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

[Complete Record](#)

**AU:** Westmaas,-J-Lee; Silver,-Roxane-Cohen

**TI:** The role of attachment in responses to victims of life crises.

**SO:** Journal-of-Personality-and-Social-Psychology. 2001 Mar; Vol 80(3): 425-438

**PB:** US: American Psychological Assn.

**AB:** Attachment effects on affect, cognitions, and behavior during an interaction with a confederate who purportedly had cancer and whose attachment orientation had been manipulated in a prior context were examined among 241 participants. Results supported theoretically derived predictions: Participant anxious attachment predicted anxiety, participant avoidant attachment predicted supportiveness, and participant avoidant attachment interacted with confederate avoidant attachment to predict rejection. Results suggest (a) the importance of attachment in predicting interpersonal responses in a nonromantic stressful context, (b) that anxious attachment is an important predictor of anxiety in a situation with implicit support demands, (c) that avoidant attachment is a potentially important predictor of the likelihood of supportive responses to victims, and (d) that attachment orientation can be successfully manipulated in experimental studies of attachment. (PsycINFO Database Record (c) 2002 APA, all rights reserved)(journal abstract)

**FTXT:** [ScienceDirect \(tm\)](#)

**\*LHM:** Esta revista esta en la Biblioteca San Joaquin: 1970-