SECTION 7: DEBRIEFINGS

A debriefing has been planned for later today at the Quayside Resort Hotel by the Vesta Human Resource Manager of A.L.D Airlines. This is for the families of the airline crew members who lost their lives 5 days ago when the A.L.D Airlines Boeing 747 jet crashed soon after takeoff from the Seajet International Airport." (See description of event on page 14.)

Definition

Debriefings are structured group meetings or discussions about a traumatic event involving persons who normally work together. Occasionally, it may be necessary to combine various groups of emergency response personnel together for a debriefing but this should only be done when all of the parties were involved together in the same incident. Debriefings are designed to mitigate the impact of such an event and to assist persons to recover as quickly as possible from the stress arousal associated with the particular event.

Overview

A Critical Incident Stress Debriefing (CISD) is one type of debriefing which integrates crisis intervention strategies with educational techniques. It was originally developed by Dr. Jeffrey T. Mitchell. CISD is the debriefing protocol most widely used today and it is the technique which will be outlined in this workbook.

CSID was designed to be applied among public safety, disaster response, military and emergency response personnel but it can be used with virtually any population, including children, when it is employed by a skilled intervention team.

A debriefing is not psychotherapy, nor is it a substitute for psychotherapy. Instead, it is meant to provide an opportunity for ventilation in a structured and supportive environment. The core focus of a debriefing is the relief of stress in normal, emotionally healthy people who have been exposed to a traumatic event. The debriefing is not intended to resolve psychopathologies or personal problems that existed before the traumatic incident being debriefed.

Debriefings usually take 2 to 3 hours; marathon debriefings indicate one or more of the following problems:

1. That the incident was a very traumatic one;
2. That too much time was spent on the fact and thought phases;
3. The team was inexperienced or unfamiliar with the debriefing process;
4. The quality of team leadership was poor.

When a debriefing has been planned, the senior personnel of the involved organizations need to be informed and their assistance, participation and cooperation solicited. Only in very unusual circumstances are senior personnel split off from junior personnel for debriefings. Sometimes, it may be necessary for the SMID Team to hold an additional meeting with senior personnel who may have special needs that they would like to discuss with the SMID Team members without having their junior personnel listening in.

Persons attending debriefings must be relieved of all other duties. It is potentially dangerous for them to leave a debriefing in the middle to handle emergency calls. The debriefing lessens one's cognitive defenses, and having to deal with an emergency during the process could jeopardize their safety because they would be functioning more at the emotional level than at the cognitive level.

Whenever possible, refreshments should be served after the debriefing. This helps to keep those who attended the debriefing together for a bit longer and affords the SMID Team members the opportunity to meet each participant on an individual basis.

Contraindications

Debriefings are not indicated in the following situations:

- For use after routine events;
- For a debriefing to be conducted in the absence of a mental health professional;
- For a debriefing to be conducted if too much time has passed since the traumatic incident;
- For use in mediating management-employee conflicts;
- For use as a substitute for psychotherapy.

Timing

Debriefings must be held when the participants are emotionally "ready" to accept and benefit from them. This often occurs within 24 to 72 hours after exposure to a traumatic incident. However, some traumatic incidents, especially disasters or line-of-duty deaths require a much longer waiting period since the shock, numbing or denial mechanisms may last for weeks after the traumatic event

Emergency response personnel work very hard to suppress their emotions. Any attempt to force them to bring those emotions to the surface for examination will meet with significant resistance because too close a realization of how many emotions are a part of their lives may jeopardize their ability to work efficiently under field conditions. The average non-emergency trained individual tends to be less well cognitively defended and is usually ready much earlier to let their emotions and other reactions come to the surface.

If too much time has passed since the incident (3 to 4 months) one might consider not holding a debriefing, but rather meeting with people on an individual basis and assessing whether or not they have residual reactions to the incident and what type of intervention would be most appropriate. Victims' psychological defenses are often reintegrated within a few months and a debriefing might only serve to break down those natural defenses and result in re-traumatization.

Group size

The ideal debriefing group size is between 4 and 20 persons, with 4 to 12 persons comprising a small group and more than 12 persons a large group. Groups of between 20 and 40 persons are possible but they are much more time-consuming and difficult to work with. Groups of more than 40 persons should ideally be broken down into sub-groups.

When there are too many people who need a debriefing, persons most affected by the

incident must be dealt with first and groups can be broken down according to logical categories, e.g., usual working group, profession, etc.

Location

A debriefing should be held in a private, quiet, comfortable environment which is free from distractions and away from the scene of the incident. The media and other uninvolved persons must be denied access to the place where the debriefing is being conducted.

The chairs should be arranged in a circle large enough to accommodate the group and the SMID Team members and should be spaced more or less equally among the participants.

Reasons for the therapeutic effects of debriefings

1. **Early intervention**: Prevents the concretization of traumatic memories.
2. **Opportunity for catharsis**: This ventilation of emotions leads to reduced stress arousal.
3. **Opportunity to verbalize the trauma**: The opportunity to verbally reconstruct and express specific traumas, fears and regrets leads to reduced stress arousal.
4. **Structure**: Superimposes an orderly process with a finite beginning and a finite end upon the chaos of a traumatic event.
5. **Group support**: The group experience provides numerous healing factors which are intrinsic to the group process.
6. **Peer support**: Peers can most effectively eradicate the myth of uniqueness and can suggest more appropriate stress management techniques.
7. **Stress education**: Allows for a better understanding of available skills to cope with stressful situations.
8. **Allows for follow-up**: Persons in need of further care can be more readily identified.

Providers

The debriefing process is a team effort which is conducted by a group of two to four SMID Team members. A mental health professional must be present to lead the debriefing. If the debriefing has been organized for emergency response personnel then peer support personnel must also be part of the debriefing team and one of them must be the co-leader of the team. Usually that person is the most experienced peer debriefer.

A SMID trained member of the clergy may also be present at some debriefings. But, because not all participants will share similar religious beliefs, preaching and praying are excluded from the actual debriefing process.

Do not serve as a member of a debriefing team if:

1. You have played a significant role in the actual event;
2. You have direct command or supervising responsibility for the personnel involved in the incident even if you were not there;
3. You are working with the group involved on a regular basis, even if you were not with them during the incident;
4. You are a close relative of one of the affected persons;
5. You are very close friends with the members of the group involved in the debriefing event;
6. You are presently or may be eventually involved in the investigation of the event.

Roles of Debriefing Team Members

The Team Leader (mental health professional):

- Encourages participation;
- Clarifies and summarizes;
- Maintains order;
- Assesses psychological well-being;
- Instills a positive outlook;
- Teaches;
- Arranges appropriate follow-up.

The Team Co-Leader (peer/mental health professional):

- Shares leadership with the team leader;
- Plays a significant role in arranging follow-up contact.

The Peer Support Personnel:

- Observes for evidence of distress;
- Teaches;
- Assists other team members as may be necessary.

The Door Keeper (usually peer support personnel):

- Denies entry to the debriefing room of unauthorized persons;
- Encourages persons attending the debriefing not to leave prematurely.

Debriefing goals

1. To provide information about stress, stress reactions and stress management techniques;
2. To facilitate a speedier recovery in persons who are experiencing features of a stress reaction;
3. To provide reassurance that the stress response is controllable and that recovery is likely;
4. To dispel the fallacies of abnormality and uniqueness;
5. To establish positive contact with a mental health professional;
6. To provide a sense of post-crisis psychological closure if possible;
7. To do an assessment of the persons involved to determine their need for further intervention.

Rules or guidelines of a debriefing

- No unauthorized persons are allowed to attend a debriefing;
- Confidentiality must not be breached;
- Participants should only speak for themselves;
- Judgement and operational critiques are not permitted;
- Participants are encouraged not to leave the debriefing prematurely since it is important that they complete the entire process;
- Participants are also advised that no breaks will be taken but that persons will be allowed to leave the meeting to take care of their personal needs and return as soon as possible after;
- All distracting devices should be turned off during a debriefing;
- No recording or note taking of any kind is ever allowed;
- In debriefings, participants have no rank;
- SMID Team members must make themselves available to the participants after the debriefing process is complete.

Preparation of the debriefing team for a debriefing

Debriefing team members should:

1. Arrive at the site of the debriefing at least an hour before the debriefing is scheduled to start;
2. Familiarize themselves with as much information as possible about the event that is to be addressed in the debriefing;

3. Circulate among, meet and converse with the participants who are attending the debriefing. This helps to relieve tension and to provide the debriefing team members with potentially useful information;
4. Excuse themselves and meet privately to discuss their approach to the debriefing and for their specific roles to be assigned, once they have had enough time to circulate among the participants (10-45 minutes).

Format of a debriefing

The Mitchell model of debriefing (CISD) is a 7-stage intervention with the following stages:

1. Introduction
2. Fact
3. Thought
4. Reaction
5. Symptom
6. Teaching
7. Re-entry

Introduction Phase: (Cognitive, 10-15 minutes, provides participants with the ground rules and a chance to be introduced to everyone present)

- This phase is crucial and if it is not handled properly it is likely that the remainder of the debriefing will be difficult.
- During this stage the team leader:

    (a) Introduces the team members,

    (b) Explains the process,

    (c) Highlights that the debriefing is not an investigation,

    (d) Allays fears,

    (e) Goes through the rules of the debriefing,

    (f) Encourages participation,

    (g) Answers questions,

    (h) Announces the commencement of the fact stage.

- Throughout the introductory stage, the team needs to speak with confidence and concern. Any resistance expressed by the participants at this stage also needs to be addressed.

Fact Phase: (Cognitive, 5-25 minutes, establishes what happened)

- The goal of this phase is to get the participants to describe the traumatic event from their perspective.
- This phase proceeds in an orderly fashion from participant to participant to try and give everyone an opportunity to make a contribution. Some persons may refuse to speak or, because of time constraints, some may not be afforded the opportunity to speak.
- This is the most logical way to start a discussion about a traumatic incident with emergency response personnel because discussions of facts are not as distressing as attempting to talk about feelings.
- When participants in a debriefing are asked to describe the facts of the situation and they begin to express their emotions, it is a sign of how badly they have been affected by the incident. If this happens during this phase the team should not probe, instead the emotion should be acknowledged and validated, the person and the group reassured, and another person moved on to unless the person indicates that they wish to continue speaking.
- Such an early show of emotion may be unnerving for emergency response personnel—this is where peers on the team can be very helpful.

Thought Phase: (Cognitive → Affective, 5-25 minutes, discusses the thoughts that were associated with the event)

- This phase represents a transitional phase from the cognitive domain to the affective (emotional) domain and it is intended to allow participants to shift from a description of the facts to one of their emotional reactions.
- This phase begins when the team leader asks the participants to state their first thoughts or their most prominent thought once their auto-pilot mode of operation had ceased.
- Once again, one proceeds in an orderly fashion to try and give everyone a chance to make a contribution.
- If the emotional content becomes too emotional too quickly, the participants may experience anxiety and a desire to resist any efforts to bring them closer to their emotions.
- The team needs to be prepared for the possible repercussions. If the emotions become too intense, they may need to be acknowledged and validated and the participants reassured by the team. Also, if diffuse anger is expressed, it may need to be redirected.

Reaction Phase: (Affective, 10-40 minutes, discusses the feelings that were associated with the event):

- This phase sets out to allow participants to identify the most traumatic aspect of the

incident for them and the associated emotional reactions to the trauma.

- During this phase most of the talking is done by the participants and the discussion is free-form, with persons being given the opportunity to speak if and when they choose.
- It is typically the most emotionally charged phase of all and it is triggered by a question like, "What part of this event bothered you the most?"
- Initially the discussion will be slow. There may be bouts of silence, moments of intense verbal expression and evidence of anxiety, but persons will usually participate.
- When the discussion drops off and several attempts by the team to elicit more discussion from the group fails, it is a signal to proceed to the next phase.

Symptoms Phase: (Affective → Cognitive , 5-10 minutes, reviews signs and symptoms of distress that have been experienced since the event)

- This is another transitional phase where the group moves from the affective (emotional) domain back to the cognitive domain.
- The goal of this phase is to identify personal symptoms of stress and to move back from the emotional to the cognitive domains.
- The phase is initiated when the team asks the participants to describe any cognitive, physical, emotional or behavioral experiences which they have encountered and to delineate when these symptoms occurred, i.e., at the scene of the incident, after the incident and before the debriefing, and/or after the incident and are still present at the time of the debriefing.
- On occasion, the participants are reluctant to admit to having experienced any symptoms for fear that they would stand out as abnormal. If the team suspects this, then they may encourage the discussion initially by asking for a show of hands for various symptoms.
- Once the number of persons admitting to having experienced symptoms decreases significantly it is time to proceed to the next phase.

Teaching Phase: (Cognitive, 10-20 minutes, provides information about ways to cope with stress and emphasizes "normality")

- This phase tends to flow naturally after the symptoms phase and its goal is to educate the participants about critical incident stress and its management and to concretize a return to the cognitive domain.
- All of the team members participate in the teaching process but care needs to be taken not to prolong this phase with irrelevancies since by this time the participants are likely to be quite tired. Only topics relevant to the group being debriefed should be discussed.
- At the end of the teaching phase, a team member may enquire from the group if there is anything that happened during the incident which makes them feel in any way positive even though the overall incident might have been a very horrible one.
- The teaching phase leads quite naturally into the re-entry phase.

Re-entry Phase: (Cognitive, 5-10 minutes, a "wind-down" phase which seeks to bring about closure to the meeting)

- This is the final stage of the debriefing and its goal is to clarify ambiguities, prepare for termination and bring closure to the discussions which just ensued.
- This is the last chance to clarify issues, answer questions, make summary statements and return the group to its normal mode of functioning.
- Every team member needs to make a summary comment. These comments tend to be words of respect, encouragement, appreciation, hope, support, gratitude and direction.
- Once the debriefing is over, the team comes to its feet and begins to make post-debriefing contact with the participants.

Mass disaster debriefings

The formal CISD model has been slightly modified for mass disasters/community response applications and consists of the following stages:

1. Introduction
2. Fact
3. Thought reaction
4. Emotional reaction
5. Reframing
6. Teaching
7. Re-entry

This variation of the debriefing process places slightly more emphasis on direct ventilation of emotions and it also places greater emphasis on the importance of the constructive aspects of the experience. Its goals are centered around rebuilding and moving on. To facilitate this, Phases 3, 4 and 5 of the two types of debriefings are conducted somewhat differently and the debriefing team is much more overt in a mass disaster CISD.

Phase 3 (Thought Reaction *vs* Thought) in the mass disaster CISD involves more direct questioning about the participants' thoughts about the situation, e.g., "What aspect of the situation had the most negative impact on you?" In a similar vein, Phase 4 (Emotional Reaction *vs* Reaction) also involves more direct questioning about emotional aspects of the situation. Finally, Phase 5 (Reframing *vs* Symptoms) departs from the discussion of symptoms to one of getting the participants to see the experience in a much more positive light.

The mass disaster CISD was designed to be utilized when disaster workers have been exposed to numerous disaster situations over time, to multiple traumatic incidents in a single disaster or to a single disaster for a prolonged period of time.

Before emergency response personnel participate in a mass disaster CISD they

should have been released from working at the scene of that disaster for at least the next 1 - 3 weeks and should have had time to reunite with their families and friends.

Post-debriefing meetings

The post-debriefing meeting is a necessity and during this meeting the following tasks must be performed:

1. Explore what happened and what was done during the debriefing so that team members can learn from the experience;
2. Assign specific follow-up tasks to individual debriefing team members;
3. Make sure that team members are not psychologically distressed.

Post-action report

The post-action report is ***optional*** but it may be kept so that the incident can be discussed at the next team meeting. It should be brief and not contain any information that could identify an individual who was at the debriefing. This report should contain the following:

1. The names of the debriefing team members;
2. Date, time and place of the debriefing;
3. The number of persons debriefed;
4. A brief description of the incident that was debriefed;
5. General themes discussed in the debriefing;
6. A summary of the advice given to participants by the debriefing team.

Possible follow-up services

1. Telephone calls
2. Station visits
3. Chaplain visits
4. Individual consultations
5. Referrals for therapy
6. Additional meetings with sub-groups
7. Follow-up meetings with entire groups one week after the debriefing

8. Family sessions
9. Ride-along programs
10. Any other service deemed necessary

Difficult debriefings

Multiple incident debriefings are used when the same personnel in an organization were exposed to several traumatic stressors in a brief period of time (less than 14 days). A maximum of four events can be debriefed simultaneously. If there are more than 4 events, then the four worst should be addressed. ***A line-of-duty death should never be dealt with as part of a multiple incident debriefing.***

When events are being debriefed simultaneously, the various events are blended into the discussion randomly and no attempt is made to organize the discussion into blocks.

Symbolic debriefings refer to debriefings in which old memories of past traumatic events are triggered. If many old significant events are being brought to the fore, then the debriefing team needs to listen carefully and attempt to find any common themes. If, on the other hand, the old events have no significant emotional power and the group just seems to be avoiding the current, more painful incident, then the drift into old topics needs to be resisted. In either case, the team needs to gently reintroduce the current event.

Line-of-duty death debriefings are very difficult since they produce intense levels of shock, denial, anxiety and grief for the participants. Great tact and sensitivity must be displayed to the individuals in the group and the need for one-to-one services before and after the debriefing tends to be very high. ***It must also be borne in mind that after a line-of-duty death, the entire organization is affected and all members of the organization are invited to a debriefing, not only those at the scene.***

Reasons why debriefings may fail

- Poorly trained, inexperienced or inappropriate service providers;
- Inflexible adherence to debriefing guidelines with no sensitivity for unique situational, personal, cultural or social circumstances;
- Failure to comply with basic debriefing protocols and techniques;
- Overzealous application of the intervention;
- Team counter-transferences because of over-identification with the persons being debriefed;
- Bringing up irrelevancies or information from other debriefings;
- Breaches of confidentiality;
- Insufficient use of peers;

- Failure to use mental health professionals in the debriefing;
- Inadequate preparation for the debriefing;
- Provision of debriefing services to close relatives, friends or work colleagues;
- Use of debriefers who were directly involved in the incident;
- Interrupting a person who is expressing their emotions during a debriefing;
- Inadequate introductory remarks;
- Insensitivity of participants or team members;
- Inadequate teaching and summary remarks;
- Failure to meet after a debriefing;
- Not providing appropriate follow-up services.

Community interventions

When a community has been seriously affected by a traumatic situation, its reactions and needs are usually quite different from those of emergency response organizations. The services to be offered to such a community must be carefully tailored to suit that particular community. For example, if a large group of persons have been affected by a disaster situation it is much more productive to bring large groups of persons together for a brief presentation on the possible effects of critical incident stress and its management than to attempt expensive, time-consuming debriefings of smaller groups.

Community interventions may be provided by emergency-based or community-based SMID teams and they need to be prompt, age-appropriate, carefully coordinated with local resources and provide for adequate follow-up services.

End of Section Quiz

Please circle the correct answer.

1.	A line-of-duty death should never be dealt with as part of a multiple incident debriefing.	T	F
2.	The Re-entry Phase is the third phase of a debriefing.	T	F
3.	The chair arrangement for a debriefing is not important.	T	F
4.	Inadequate preparation for a debriefing can cause it to fail.	T	F
5.	A post-debriefing meeting is optional.	T	F
6.	The debriefing team leader is always a mental health professional.	T	F
7.	The CISD protocol was originally developed by Dr. Jeffrey T. Mitchell.	T	F
8.	The ideal group size for a debriefing is 2 to 8 persons.	T	F
9.	Debriefers need to arrive at least 1 hour before the debriefing.	T	F
10.	The Reaction Phase of a debriefing is a cognitive phase.	T	F

Note: Answers to questions are on page 128.

N O T E S