The magnitude of death and destruction that often result from disasters and the extent of the aftermath response often demand special attention. Physical safety and security of victims and relief workers must take first priority. After safety is assured, other interventions may begin. Debriefing is one popular early intervention following disasters in which small groups of people involved in the disaster, such as rescue workers, meet in a single lengthy session to share individual feelings and experiences. The effectiveness of debriefing in preventing later mental health problems is controversial and some studies have found that it may even be harmful to some individuals. Debriefing has been largely replaced by an alternative early intervention with strong support called Psychological first aid (PFA), which seeks to sustain an environment of (1) safety, (2) calm, (3) connectedness to others, (4) self-efficacy—or empowerment, and (5) hopefulness. However, debriefing is still used by some.

Consider the following if you include debriefing as part of an intervention plan:

- Rest, respite, sleep, food and water are the primary tools of early intervention.
- It is important to encourage natural recovery processes such as participants talking to fellow workers, spouses and friends. This can decrease isolation and facilitate identification of persistent symptoms and increase the chances of early recovery.
- Debriefing has not been shown to prevent PTSD. For some, it may relieve pain, restore some function and limit disability; however, further study is needed.

If you answer ‘yes’ to ALL of these, consider debriefing:

- Would you and your group benefit from an opportunity for education about responses to trauma (e.g. emotional reactions to disaster, somatic reactions, violence, substance abuse, family stress)?

If you answer Yes to ANY of these, consider seeking consultation prior to debriefing:

- Do you have a homogeneous group (e.g. all firefighters)? Debriefing to these groups may be more helpful than in heterogeneous groups where participants are strangers to each other.
- Would you benefit from an opportunity to identify and triage people who are in need of additional assistance/intervention?
- Is it feasible to conduct an ongoing debriefing group? These have been shown to be more helpful than a one-time meeting.
- Is the traumatic event ongoing? Debriefing during the event may be particularly problematic.
- Does your group contain individuals dealing with the death of a loved one and individuals who have survived a death threat? This may present a difficulty for those dealing with the death of a loved one. Therefore it is generally important not to mix those who have experienced a loss and those who have experienced life threatening exposures.
- Is your group heterogeneous? This may lead to isolation and stigmatization of some participants because groups often tend to want to all agree on a single perspective if different people have different stories and concerns.

Remember, there are a number of early intervention approaches other than debriefing. Among these are PFA, which has better evidence of benefit and should be applied.
to other interventions such as early evaluation, close follow-up and reevaluation, case management, problem solving, emotional support training, sleep medication, intermittent psychotherapy, advice giving, and education. These should be considered as intervention plans.

**Additional Resources**

Psychological First Aid: How You Can Support Well-Being in Disaster Victims
https://www.cstsonline.org/resources/resource-master-list/psychological-first-aid