

Center for the Study of Traumatic Stress

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PSYCHOLOGICAL DEBRIEFING AFTER A CRISIS: CURRENT EVIDENCE

The magnitude of death and destruction that often results 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

still used by some.

The effectiveness of debriefing in found that it can cause harm in some

preventing later mental health problems is much in debate and some studies have participants.

- 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.
- 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.

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

in which small groups of people involved in the disaster,

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

such as rescue workers, meet in a single lengthy session to

share individual feelings and experiences. The effectiveness

- 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, and family stress)?

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

- Does your group contain individuals with different levels of trauma and varying types of exposures to the crisis? This may spread exposure from those with high trauma exposure to those with low trauma exposure resulting in more symptoms in low exposure individuals.
- 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

Continued

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

B. Raphael & J.P. Wilson (Eds.), *Psychological Debriefing. Theory, Practice and Evidence*. UK: Cambridge University Press, 2000.

