



The Center for the Study of Traumatic Stress (CSTS) is part of the Department of Psychiatry, Uniformed Services University of the Health Sciences

THE DEBRIEFING DEBATE

The magnitude of death and destruction in disasters and the extent of the response 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 a 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. However, the effectiveness of debriefing in preventing later mental health problems is much in debate and some studies have found that it can cause harm in some participants. As a minimum the following should be considered 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.
- Debriefing groups with individuals having different levels and types of exposures may spread exposure from those with high trauma exposure to those with low trauma exposure resulting in more symptoms in low exposure individuals.
- Debriefing during an ongoing traumatic event may be particularly problematic.

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- Debriefing is an opportunity for education about responses to trauma such as emotional reactions to disaster, somatic reactions, violence, substance abuse, and family stress.
- There are a number of early interventions approaches other than debriefing. Among these are 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.
- During a debriefing there is an important opportunity to identify and triage people who are in need of additional assistance/intervention.
- Ongoing groups are more helpful than a one-time meeting.
- Talking in homogeneous groups, such as firefighters, may be more helpful than in heterogeneous where participants are strangers to each other.
- Individuals dealing with the death of a loved one may have difficulty if placed in a group with others who have survived a death threat. Therefore it is generally important not to mix those who have experienced a loss and those who have experienced life threatening exposures.
- Different people have different stories and concerns. Groups often tend to want to all agree on a single perspective. In a heterogeneous group this may lead to isolation and stigmatization of some participants.

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



Center for the Study of Traumatic Stress
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda, MD 20814-4799
Tel: 301-295-2470 | Fax: 301-319-6965
www.CSTSONline.org