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The Use of Debriefings in Response to Disasters and Traumatic Events

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Introduction

It has been well documented how exposure to trauma can lead to a series of disabling psychological, emotional, and physical consequences (Herman, 1992; Mitchell & Bray, 1990; Ochberg, 1988; Lystad, 1988). These range from shock, denial, anger, rage, sadness, terror, shame, and grief to sleep and eating disorders, flashbacks, hypervigilance, and phobic reactions (Davis, 1999; Walker, 1990). It has also been recognized that secondary trauma occurs in workers involved with victims and survivors of disasters, tragedies, and other traumatic events (Figley, 1995). Examples of workers who are well positioned to experience secondary trauma are medical responders, police and fire fighters, disaster relief workers, school personnel, and clinicians working with people who experience trauma. Child welfare workers also are vulnerable to secondary trauma (Dane, 2000).

Trauma in response to disasters involves more than one person. Zakour (1996) defines disasters as "crisis situations, involving more than one household, which are precipitated by natural agents, technological accidents, environmental contamination, transportation accidents, mass violence, and the sudden death of key individuals in an organization" (p. 8). Thus, when trauma, primary or secondary, is a response to a disaster, what is notable is that there is a collective traumatic experience.

One way of responding to groups experiencing both secondary and primary post-traumatic stress is the use of debriefings, a structured group process that attends to cognitive, emotional, physical, and social reactions from exposure to trauma, while offering opportunities for understanding and normalizing reactions, and providing social support and individualized follow-up. Social workers are well prepared to offer debriefings and to train other volunteers by virtue of the profession's tradition of an ecological orientation and empowerment, experience with crisis intervention, and wide range of practice skills with diverse individuals, groups, and communities.

This paper will consider the use of debriefings to respond to disasters and traumatic events, describe what debriefings are and why they can be helpful, and will present a number of debriefing models. A model of debriefing used by a community crisis response team will be presented for consideration, and the paper will conclude with a discussion of the relationship of debriefings to social work theory and practice and suggestions for continuing education.

Debriefings

What is a Debriefing?

The origins of debriefings appear to have been in the military during World War II, and were subsequently developed by Israeli defense forces in response to air disasters (Dunning, 1988). One of the most frequently cited articles on debriefing is by Mitchell (1983) where he describes a process in response to "critical incidents" that were experienced by emergency response workers. Critical incidents are defined as situations that cause strong emotional responses in emergency response workers that can, immediately or subsequently, interfere with job performance (Armstrong, O'Callahan & Marmar, 1991; Mitchell, 1983). Critical incidents can also lead workers to fear for their physical or psychological safety (Davis, 1999). While early debriefings were for emergency workers, debriefings were adopted for disaster relief workers (Armstrong, et al, 1991; Dyregrov, 1997) and were eventually used for survivors of direct trauma (Dyregrov).

The aim of debriefings for emergency response workers is to sufficiently help them deal with the inevitable stresses and emotional consequences of trauma work and to be able to continue with their jobs (Pueler, 1988; Raphael, 1986). Debriefings seek to ameliorate acute symptoms of stress as well as preventing long-term consequences (Mitchell,

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1983). The debriefing assists those involved with a critical incident to process and helps those individuals understand its impact by reconstructing what occurred, examining cognitive, emotional, and psychological reactions, and through psycho-educational teaching about predictable stress responses and useful coping mechanisms (Pueler; Warheit, 1988). The unique nature of the event and of the target group, as well as the context in which it occurs (agency, organization, community) shape how and where a debriefing is delivered.

Why use Debriefings?

Institutions that deal with survivors of trauma will inevitably have workers or volunteers who will experience secondary traumatic stress (McCammon & Jackson Allison, 1995). Whether stress reactions are due to primary or secondary exposure to disaster and trauma, there are many areas of individual functioning that can be affected. Yassen (1995) has identified six such dimensions (cognitive, emotional, behavioral, spiritual, interpersonal, physical) and developed an exhaustive list of reactions that fall within each category, partially summarized below:

- **Cognitive** – poor concentration, confusion, disorientation, loss of meaning, self-doubt.
- **Emotional** – anxiety, guilt, fear, numbness, sadness, helplessness, overwhelmed, depleted.
- **Behavioral** – irritable, hypervigilance, sleep disturbance, nightmares, appetite changes, self-harm behaviors.
- **Spiritual** – loss of purpose, questioning meaning of life, questioning religious beliefs.
- **Interpersonal** – withdrawn, isolation, decreased intimacy, intolerance.
- **Physical** – shock, sweating, somatic reactions, impaired immune system.

The range and severity of these potential reactions suggest the importance of anticipatory interventions, such as debriefings, that help people to "detraumatize" and "unburden" (Curtis, 1995).

In light of potential post-traumatic stress symptom, it is helpful to consider the aims of debriefings, which Dyregrov (1997) has summarized:

- Establishing a climate where trust develops.
- Creating a common understanding of what happened. Curtis (1995) notes that this also allows people to tell their stories.
- Helping a person understand what specifically happened to them.
- Getting in touch with one's emotional state and allowing for ventilation, tension reduction, and gaining perspective.
- Processing the experience as a group, which can enhance group cohesion, while reducing individual self-blame. Curtis (1995) adds that this can eventually lead to some closure.
- Emphasizing coping mechanisms, which can help normalize stress reactions and lead to self-empowerment.
- Providing access to more specialized help (e.g., medical care or therapy) if needed.

Curtis (1995) has identified eight clinical processes that facilitators should pay particular attention to when conducting debriefings: identification, labeling, articulation, expression, externalization, ventilation, validation, and acceptance. In addition to the psychological processes that occur in debriefings, a major benefit of the process is the provision of social support. By jointly processing the event and the reactions of participants, people are not isolated or pathologized; rather, they collectively share, mourn, and help one another to survive and return to their work and everyday lives.

Debriefing Models

Streeter and Murty (1996) believe that the numbers of natural and technological disasters are steadily increasing, effecting greater numbers of people. Commensurately, during the past 17 years, debriefings have also proliferated. The audience has expanded from emergency response personnel

to disaster relief workers to survivors of direct trauma. The various permutations of debriefings have been influenced by a number of factors:

- The nature of the community receiving the intervention. For instance, the degree of social networks and resources available to a specific community. The National Organization for Victim Assistance (Young, 1997) has a special chapter in its training manual that considers cultural perspectives of trauma. This can include the demographic characteristics of the participants, their social and psychological resources, and their coping patterns (Walker, 1990).
- The organizational context and the organizational culture where the debriefing is delivered. For example, experienced ambulance drivers or police officers have different norms and expectations about emotional expression than teachers or mental health workers. Law enforcement workers can be resistant to debriefings because of a professional value of being able to "handle anything" (Conroy, 1990).
- The nature of the trauma or critical incident. Lystad (1988) argues that man-made disasters have different meanings for survivors than "acts of God."
- The training and background of facilitators. Local community response teams often use concerned people from a variety of walks of life, while organizations such as the American Red Cross train licensed mental health clinicians to conduct debriefings.

These and other factors have led to differences in a number of debriefing variables: timing, length of the session, size of the group, and group composition (Dyregrov, 1997).

- **Timing** – How soon after the critical incident the debriefing is held.
- **Length of time of the session** – Some American Red Cross debriefings last a half an hour, while psychological debriefings can last three hours.
- **Size of the group** – Debriefings can be conducted with one or two people, small groups, or with large groups.
- **Group composition** – The experience with trauma group members, the history and dynamics of the group, and how heterogeneous and homogenous the group is are important variables.

Dunning (1988) has distinguished between two major types of debriefings, didactic and psychological. Didactic debriefings place a greater emphasis on prevention, preparation and sharing of information, and facts about reactions to trauma. Psychological debriefings place a greater emphasis on ventilation, mutual support, and reassurance. Psychological debriefings involve greater attention to group process (Dyregrov, 1997).

Debriefings can also vary by how much attention they devote to surface events and material, or how the extent to which they encourage participants to make connections with previous trauma that the event may trigger echoes of. Some debriefings are very tightly structured, while others are more open-ended and permit greater spontaneity.

A comparison of the phases of four different models of debriefing is made in Table One. Mitchell's (1983) model was developed initially for use with emergency response personnel, while the National Organization of Victim Assistance (Young, 1997) and the American Red Cross (1995) respond to a wide range of disasters and traumatic events. Raphael's (1986) psychological debriefings were also developed for workers and helpers responding to disasters.

As Table One indicates, a comparison of models illustrates more similarities than differences. Warheit (1988) notes seven key components that are found in most models of debriefings:

- The impact of the critical incident on survivors and response personnel is assessed.
- Critical issues surrounding the problem,

Table 1. Comparison of Debriefing Models

Mitchell Critical Incident Stress Debriefing	National Organization of Victim Response Debriefing	American Red Cross Debriefing	Psychological Debriefing
1. Introductions and ground rules	1. Introductions and ground rules	1. Groundwork	1. Initiation into disaster role.
2. Fact Phase	2. Cognitive level of experience.	2. Disclosure of events	2. Workers own experience of disaster.
3. Thought Phase	3. Sensory experience.	3. Feelings and reactions	3. Review of negative aspects and feelings.
4. Feeling Phase	4. Emotions	4. Coping strategies	4. Review of positive aspects and feelings.
5. Reaction Phase	5. What has happened since the event.	5. Termination	5. Relationships with workers and family.
6. Normalizing, teaching phase.	6. Normalizing the experience.		6. Empathy with others.
7. Re-entry	7. Closure		7. Disengagement from disaster role.
Armstrong, et al, 1991; Mitchell, 1983	*Young, 1997*	*Armstrong, et al, 1991; American Red Cross, 1995*	*Raphael, 1986*

particularly relating to safety and security, are identified.
- Ventilation of thoughts, emotions, and experiences occurs and reactions are validated.
- Future reactions and responses are anticipated and predicted.
- The event and the response to it are thoroughly explored and reviewed.
- There is an attempt to bring closure to the event and to connect people to community resources.
- The debriefing assists people with making a re-entry back to their community or workplace.

An Example of a Community-Based Debriefing Process

The following format for a debriefing was developed by a community-based community crisis response team known as the Community Crisis Support Service. The team serves two counties in Western Massachusetts composed of rural villages, mill towns, and college communities. The area is racially very white, with people of color making up less than 10% of the population, though the college towns have significant numbers of Hispanic, Asian American and African American residents. White ethnic groups include substantial representation from Anglo-Saxon, Irish, French Canadian, Polish, Portuguese, and Italian ethnic groups, as well as a small Jewish population.

The service was initially funded by a special grant to create a community-based program to respond to violent incidents. Since its initial implementation, the service has broadened its mandate to respond to other types of disasters and traumatic events. There is a paid coordinator, a volunteer advisory board, and a roster of crisis volunteers who conduct debriefings. The volunteers come from a range of backgrounds including, human service workers, teachers, homemakers, nurses, students, administrators, professors, social workers,

and other licensed clinicians. All volunteers attend an intensive two-day training and participate in regular team meetings. The service itself is offered free of charge.

After reviewing other models and programs, the staff, the advisory board, and the crisis volunteers developed the program's orientation and debriefing model. The model was particularly inspired by the Community Crisis Response Team of Cambridge Hospital (Yassen, 1995). As with the Cambridge Hospital program, the model utilizes an ecological approach that recognizes and values the interconnections between community, culture, family, organizations, and the individual. There is an emphasis on working with natural systems and a belief that most resources for healing come from the individual, family, group, and local community.

The service is available to formal and informal groups. It will consider responding to any request for a debriefing by community groups, agencies, informal networks, ad-hoc gatherings, schools, churches, and other organizations. The debriefings are held on an outreach basis at a location preferred by the group requesting the intervention.

Debriefings have been held with groups as small as two and with groups as large as 30. These are some examples of debriefings conducted by the service over the past few years:

- A debriefing at an elementary school for teachers and administrators after domestic violence resulted in the deaths of both parents of a student.
- A small group of witnesses to a fatal boat crash were debriefed.
- A debriefing was facilitated at a human service agency after a staff member died.
- A debriefing was held at a driving school after one of its students died in a car crash.
- A debriefing was held with parents at a daycare center after allegations of child sexual abuse.
- A debriefing was conducted in a rural community after a small plane crash killed two residents.
- A debriefing was held with college counselors after a number of rapes occured on campus.

Arranging and Preparing for the Debriefing

The service provides a debriefing after a request has been issued by a contact person representing a formal or informal group or organization. The coordinator assesses the viability of conducting a debriefing after the request is made, often after consultation with crisis volunteers. Most requests are accepted and the coordinator arranges with the contact person a time and place to hold the debriefing. She also contacts crisis volunteers and assembles a team of two to four (usually three) people to conduct the debriefing depending on the size and needs of the group. Debriefings can be held within hours of the event or at any time after the event has occurred.

Ideally, the debriefing will be held in a quiet, private room with sufficient space for all of those who attend, although flexibility is required and adaptations are often made by the crisis volunteers. The essential materials are a flipchart and handouts. The handouts are provided by the service and usually consist of common reactions to trauma, self-care strategies, local community resources, a brochure about the crisis service, and debriefing evaluations with self-addressed envelopes.

The debriefing team usually consists of three facilitators: lead, assist, and support. The lead facilitator manages the overall process. The assist facilitator is responsible for leading the discussion about reactions and self care. The support person is available to individuals who are triggered by the incident or process and require one-to-one assistance. If people leave the debriefing early, the support person will follow them out and try to engage them to see if they need crisis support. The support person also is responsible for distributing the handouts. All crisis volunteers have been trained to assume any of the facilitation roles.

The Debriefing Process

The following list details the Community Crisis Support Service's debriefing process.

1. **The lead facilitator** (LF) introduces herself and asks for the other facilitators to do the same. The LF explains what a debriefing is, who invited the service to respond, the event that is being responded to, and how long the process should take (1 1/2–2 hours).
2. **The LF goes over guidelines** with the group (See Table Two) and asks if there are other guidelines that would be helpful. If there are any concerns with what is being proposed, these concerns will be addressed. The LF then asks for verbal agreement with the guidelines.
3. **Cognitive Phase:** The LF asks questions to begin the discussion about what has happened, what people know, and what they thought. At this point, people are asked to participate sequentially (unless there is a very large group) in a circle, introducing themselves when they respond to the first question. A person can always "pass" (See Table Two). Participants are asked questions about where they were when the incident occurred, how they heard, what they heard, what thoughts first entered their mind, and what thoughts and emotions have remained with them since.
4. **Reaction Phase:** The LF opens up a "free" discussion about participants' reactions, feelings, thoughts, and consequences due to the incident. The LF may also ask about what has been most difficult, what they would like to erase, how the event has affected them, what signs/reactions/symptoms have they experienced, and have they had similar reactions. During this process, the LF validates what the participants are saying, while the assist facilitator (AF) writes down the responses on the flip chart.
5. **Self-Care Strategies:** The AF reviews what has emerged from the discussion and highlights the common reactions. There is an attempt to illustrate the range of experiences, while also normalizing what the participants are going through. The AF also predicts other symptoms and reactions that might surface in the future if they did not yet emerge in the discussion. The AF then conducts a brainstorming session with the group about self-care strategies, resources within the group, and how the community can help one another. The AF also emphasizes coping strategies that people can employ. This section is concluded when the AF asks the group if there are any follow-up responses that the group would like to take after the meeting (e.g., holding a memorial service, improving safety).
6. **Closing:** The LF thanks the group for participating and might ask if there is any closing ritual that the group would like to enact. The support facilitator (SF) thanks the contact person for inviting the service to respond, reminds people of confidentiality, and distributes the handouts and evaluation forms. The team members often remain after the end of the formal debriefing to answer questions and to respond to participants who still may be triggered or upset, making referrals when appropriate.

Table 2. Guidelines

1. Confidentiality of the process.
2. Listen to others and be respectful of other people's reactions.
3. Be sensitive to time limits and give everyone a chance to speak.
4. Try to stay in the room — if a person needs to leave, the support facilitator will be available to talk with him or her.
5. It is all right to "pass" when there is a go-round in response to a question.
6. No media may be present.
7. No violence is allowed, including verbal violence.
8. Note taking is discouraged.

Relationship of Debriefings to Social Work Theory and Practice and Implications for Continuing Education

There is an excellent fit between debriefings and social work values, theory, and practice. Bell (1995: p. 42) went so far as to describe social work as the "profession of choice" for responding to trauma in the workplace. Although the model presented here uses volunteers from a variety of professional and non-professional backgrounds, social workers are certainly well trained and positioned to offer debriefings for the following reasons:

The Use of the Group

Debriefings are structured, time-limited, topic specific, single event groups. Some are closed and some are open. The groups are usually community or agency-based. Most social workers are well versed in group theory and practice, and are comfortable working with groups. Successful debriefings depend on strong leadership and the capacity to facilitate, empathize, and form relationships, and the ability to understand and respond to group process and dynamics (Dyregrov, 1997), which are fundamental skills of social work practice.

Crisis Intervention

Since they are structured, time-limited responses to crises and seek to activate latent coping mechanisms, the rationale for debriefings rests on a crisis intervention foundation. Social workers helped to develop Crisis Intervention theory and practice nearly forty years ago (Parad, 1965). Most social workers have an understanding of the dynamics of a crisis and how a crisis can link with old threats and vulnerabilities (Rappaport, 1965), and this understanding is very useful for those conducting debriefings. Social workers also have experience working with people who have endured trauma and those who are survivors of crime (O'Neill, 2000).

Ecological Orientation

As the above description of the Community Crisis Support Service model illustrates, many services that offer debriefings use an ecological framework that conceptualizes the person in their environment. Ecological theory is central to current social work practice (Germain, 1979).

Empowerment Model

Debriefings emphasize the strengths and coping resources of individuals, groups, and communities. There is a strong fit between this orientation and social work values and practice, particularly the emphasis on assets, resiliency, social supports, and networking (Gitterman, 1989; Schulman, 1986). Clients are seen as active participants, with strengths and capacities in the empowerment tradition of social work practice (Simon, 1994) and this is how they are treated in the debriefing process.

Cultural Sensitivity and Competency

At least some debriefing theory (Young, 1997) recognizes the importance of understanding the cultural framework of the group receiving services. Debriefings should be adapted and modified to work well with particular cultural groups. Social workers are familiar with this approach because it is central to ethical social work practice.

Research Skills

Much research about debriefings focuses on individual levels of satisfaction and trauma reduction (Armstrong, Zatzick, Metzler, Weiss, Marmar, Garma, Ronfeldt & Roepke, 1998; Raphael, Meldrum & McFarlane, 1995; Walker, 1990). While this is important, there are other areas to consider including the building of group cohesion, reducing social isolation, and connecting people to community resources. Many social work research approaches, such as action research, heuristic research, grounded theory, and narrative research (Sherman & Reid, 1994) are useful for understanding process variables as well as clinical outcomes, which will increase understanding of the value of debriefings.

Overall Social Work Skills and Knowledge Base

Social workers possess many skills that they have derived from an eclectic knowledge base that enhance the capacity to conduct effective debrief-

ings. Among these are clinical skills, knowledge about trauma and its consequences, listening skills, empathic capacity, group facilitation skills, knowledge of community and community practice, understanding how systems work, familiarity with resources, how to network, and an appreciation of the importance of social support.

Continuing Education

Although social workers have a relevant background and foundation for conducting debriefings, there are specific areas of knowledge and skill that practitioners will need to acquire through continuing education. These include knowledge of trauma and its effects, the dynamics of disasters and their impact on individuals, groups, and communities, group work skills, and community mapping and networking capacities. Social workers trained to use traditional clinical paradigms that focus on individual conflicts and pathology might benefit from exposure to ecological, self-help, and empowerment oriented models of practice.

With community-based teams such as the one described above, social workers can play a significant role in training volunteers. Debriefings are best provided by teams of responders; so, training should emphasize team-building as well as teaching specific skills. Workshop formats work well and it is essential to include experiential exercises, such as role-playing and simulations. It is also useful for potential responders to map their personal emotional triggers and blind spots, as self-awareness can be an important asset when working with severely traumatized groups and communities. Training should also emphasize achieving the balance between having a set structure and format that multiple volunteers can consistently implement, while also teaching people the group process skills that allow for flexible, creative, and meaningful interventions.

Conclusion

Debriefings are effective interventions that respond to individuals and groups that have experienced primary or secondary trauma. Although there are a number of debriefing models, there are many common aspects of debriefings: they respond to trauma, disasters, and other critical incidents; they are structured and time-limited; they help participants to process cognitive, emotional, psychological, and physiological reactions to trauma; they teach self care and group care strategies; and they normalize rather than pathologize reactions to trauma and stress, increasing the coping capacities of individuals, groups, and communities. Social workers working in a variety of community settings are well placed, prepared, and trained to contribute to the practice of debriefings.

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