Advanced Skills in Disaster Responder Debriefing

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Today’s Agenda

- Briefly Review Psychological First Aid
- What is Debriefing?
- Review Profound Facts
- Review Critical Incident Stress Debriefing
- Review Psychological Debriefing
- Debriefing Process Characteristics
- Suggested Debriefing Process
- Things to Remember
Briefly Review Psychological First Aid

“Psychological First Aid (PFA) refers to a set of skills used to limit the distress and negative behaviors that can increase fear and anxiety.”

(National Academy of Sciences, 2003)
• Psychological First Aid is as natural, necessary and accessible as medical first aid
• Psychological First Aid means nothing more complicated than assisting people with reducing emotional distress
• As with Medical First Aid, you don't need to be a highly trained professional to provide immediate care to those in need
• Psychological First Aid usually is used during response to a crisis (but most don’t realize they are using PFA)
Psychological First Aid Can…

- Reduce fear and anxiety
- Mobilize support
- Provide education about available resources
- Enhance communication
Psychological First Aid is Not:

- Debriefing
- Counseling
- Psychotherapy
- Mental health treatment

Psychological First Aid is intended for use during, or immediately after a crisis event.
What is Debriefing?
Profound Fact # 1

There are two types of debriefings:
- Process Debriefing
- Psychological Debriefing
Process Debriefing addresses the facts of the experience:

- What did we do well?
- What didn’t work well?
- What additional support would have been helpful during the response?
- Do you feel we had sufficient training to prepare?
- Did we have good information prior to and during the response?
- Did we respond quickly?
- Was communication during the response adequate?
Psychological Debriefing:

“Part of a comprehensive stress management continuum that enables individuals and groups to receive an assessment of needs, practical support and follow up that will facilitate the early identification and prompt treatment of any psychological conditions, up to and including PTSD.”*

Profound Fact # 2

Psychological Debriefing is a process, not an event.
“Research on stress reactions and disorders demonstrates that for 85 percent of people, symptoms gradually recede and normality starts to reestablish after a period of 5 – 6 weeks.”*

Profound Fact # 3

Conventional wisdom indicates the preferred support model for responders to crisis events is Critical Incident Stress Debriefing.
Critical Incident Stress Debriefing (CISD):

- A seven-step managed venting of thoughts and reactions to a critical incident by those involved.
- Usually occurs within a week after an accident or incident; however, it can be done weeks, months, or even years later.
- Typically conducted by Peer Support Volunteers but should always include an approved mental health professional.
- Debriefings are confidential and do not involve management personnel.
- CISDs are not operational (process) debriefings. They are conducted to provide support to the individuals involved and to mitigate the long-term effects of stress reactions.
- No records or notes are kept during debriefings.
- A typical CISD lasts from 1 ½ to 3 hours depending on the size of the group.
Critical Incident Stress Debriefing (CISD):

- Development attributed to Jeffrey Mitchell, Ph.D.
  - Clinical Professor, Emergency Health Services, University of Maryland
  - President Emeritus, International Critical Incident Stress Foundation
  - Member, United Nations Department of Safety and Security Stress Working Group

- Originally designed for police, fire, emergency medical technicians (EMT)
Critical Incident Stress Debriefing **Seven Steps:**

1. **Introduction** of intervener and establishment of guidelines
2. **Details of the event** given from individual perspectives
3. **Emotional responses** given subjectively
4. **Personal reaction and actions**
5. **Symptoms** exhibited since the event
6. **Instruction phase** where the intervener assures individuals that their responses to the event are normal
7. **Resumption of duty** where individuals are returned to their normal tasks.
Profound Fact # 4

Effective stress mitigation includes using what works in the specific time, place and context

- Empirical evidence does not currently point to a single best model.
- There is a potential for harm from applying a “one-size-fits-all” approach to intervention.
- “If all you have is a hammer, everything begins to look like a nail”*

* Steve Crimando - Psychological First Aid Presentation
Psychological Debriefing:

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Based on the concept of Resilience

*Regel, Stephen, Post-Trauma Support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD), Occupational Medicine 2007 57(6)
Resilience

- The process of adapting in the face of adversity, trauma, tragedy, threats, or even significant sources of personal stress.
- It means “bouncing back” from difficult experiences.
Done correctly, Psychological Debriefing will:

- Enhance resilience
- Reduce the incidence of stress related workers compensation claims
- Reduce the probability of situational distress leading to more serious personal and family problems
Who conducts the Debriefing process?

- Outsourced Trauma Specialist?
- Internal Debriefing Specialist?

“A successful crisis response strategy relies on strong personal leadership by the Chief Executive and is driven by the following three elements: action, communication and compassion.”*

*Dr, Deborah Petty, Reputation & value recovery – a focus on the airline industry, Oxford Metrica
Debriefing Process Characteristics*

- Starts immediately after the response but before disbanding the response teams
- Follows the adrenalin rush and allows an organization to begin to assess the full extent and impact of the event on the workforce and anticipate the implications
- Initial shock has passed and with the fading of adrenalin comes exhaustion coupled with other natural emotions.
- Using internal staff aids in the return to normality as it provides a familiar face at a time of unfamiliar feelings
- Helps identify individuals who are struggling with feelings of isolation and alienation
Debriefing Process Characteristics*

- Trained internal debriefing specialists are educators, peer supporters and coaches for individual well being and needs.
- Debriefing specialists organize ongoing weekly debriefing meetings.
- Debriefing specialists should be trained to recognize the signs/symptoms of traumatic stress and be able to make referrals to treatment.
- Research on stress disorders demonstrates that for 85 percent of people, symptoms gradually recede and normality starts to reestablish after a period of 5 – 6 weeks.
- After 5 – 6 weeks, people need to be referred for specialized treatment if their symptoms are getting worse or there is no change. Internal staff perform a triage role.
Debriefing Process Characteristics*

- Meeting in groups gives everyone the chance to feel some support and know they are not alone in their experience of the event.
- This is also the time and process to use with managers, teams and other personnel who have been supporting the responders throughout the incident who may suffer from the ripple effect.
- Explicit senior executive support is essential.

Profound Fact # 5

The value of the outcome is directly linked to the experience of the process
Debriefing Process

Rules:
1. **Always follow the individual/group**
2. Always conduct debriefing meetings with a Mental Health professional
3. Respect each other
4. Keep confidential
5. Start on time and end on time
6. When in doubt, refer to rule #1.
Debriefing Process

Session I

- Introductions
  - Leaders
  - Participants and their response role
- Explain (demystify) debriefing, including 4 meetings
- Review rules
- Review Executive support
Debriefing Process

- Key questions to stimulate discussion:
  - Now that the response is winding down, how are you feeling physically? Emotionally?
  - Are you frustrated about any part of the response?
  - Are you angry about any part of the response?
  - What was your greatest accomplishment? (One thing most proud of?)
  - What was your greatest disappointment?
  - Does your family understand what you were doing?
  - Do you need anything to help get back to your normal routine?
Debriefing Process

- Rules for the Leader:
  - You go first
  - Watch for signs of distress
  - Remember that crying is only a release of tension
  - Don’t single anyone out unless absolutely necessary
  - Make referrals for mental health treatment after the meeting
  - Use the professionals for review and referral
Debriefing Process

Session 2

- Leaders intro and brief purpose
- Questions (use 3x5 cards and read to group and discuss):
  - What do you remember most about the response?
  - Have you changed your mind about what you feel good about and what you feel badly about?
  - Any physical issues that you connect to the response?
  - Any interesting night dreams? Day dreams? Memories occurring since the response?
Debriefing Process

Session 3

- Leaders intro and brief purpose
- Questions (use 3x5 cards and read to group and discuss):
  - Have you talked with your family about the event and response? What was discussed? Why not? Outcome?
  - What are the three things you would change about what you did during the response?
  - Any physical issues that you connect to the response?
Debriefing Process

Session 4

- Leaders intro and brief purpose
- Questions (use 3x5 cards and read to group and discuss):
  - What are the three things you would change about the response plan?
  - What are your three most vivid memories about the event and response?
  - How have your feelings about your experience changed over the past three weeks?
Why Group Debriefings?

“The solidarity of a group provides the strongest protection against terror and despair and the strongest antidote to the traumatic experience.”*

- United we stand
- Strength in numbers
- We are all in this together

*Dr, Deborah Petty, Reputation & value recovery – a focus on the airline industry, Oxford Metrica
Use of Mental Health Professionals:

- Experience in treating acute stress or traumatic stress is key to effective helping
- Internal Leaders perform triage
- Pros at debriefing groups provide reassurance and reaffirmation
- Some people (10% – 15%) will need more help
Secondary Assault
Secondary Trauma

- Reliving the event and associated feelings
- Stress/trauma experienced by those in support roles
Ripple Effect

- Families
- Operations Staff running the business
- Managers/Directors/Officers
Things to remember:

- Internal Debriefing Specialists need regular training with role play practice
- Always include internal Debriefing Specialists in drills and exercises
- During and immediately after a response, senior management should be briefed on the impact on staff
- Group debriefings are an effective means to ensure resilience
- Always refer vulnerable individuals to Mental Health pros
- An Employee Assistance Program can provide valuable support, but only if they have experience with acute and/or traumatic stress treatment
Things to remember:

- Internal Debriefing Specialists (Should be more than one) must meet regularly for their own debriefing and resilience
- Don’t forget families of responders – provide printed material explaining what to expect during and after the response
- Remember staff on the edge of the response – don’t let them be invisible
- Anticipate ripple effect
- Remember – Most people will be responding normally to an abnormal situation
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Profound Fact # 6

We never get closure on our feelings surrounding a mass casualty/mass fatality unexpected and violent event – the memories become easier to live with.*

*Joe DesPlaines, CPM WEST 2009