

## Toolkit 2

### Post intervention

#### Learning Unit 9

#### Peer support - having a supportive context is crucial to enhance resilience

#### 2 - Debriefing thoughts and emotions after early psychological intervention

2. Do you debrief your team?  No

If you answered “No”: please train your members to organise a debriefing meeting.



Training

#### Activity 2

##### 1. Have you worked together before?

**Note:** As team leader, it is highly important to support your team with debriefing meetings after a stressful early psychological intervention. Stress can lead to irrational thoughts and negative emotions that can affect members, increasing the risk of burn out. To debrief your team, you can offer your team members some different techniques. Some examples can be:

1. CISD debriefing (Activity 2.1)
2. Defusing (Activity 2.2)
3. Stress inoculation (Activity 2.3)

## Activity 2.1

### Debriefing interventions

To deal with emergencies, a specific protocol has been developed by Mitchell J.T. (2000), the CISM (Critical Incident Stress Management) which deals with the prevention and treatment of traumatic experiences.

The CISM is divided into three phases:

1. Pre-critical phase (preventive training interventions on traumatic reactions and psychoeducation).
2. Critical phase (psychological first aid, defusing and debriefing).
3. Post-critical phase (individual or family support counseling, follow-up).

A Critical Incident Stress Debriefing has three main objectives. They are:

- 1) the mitigation of the impact of a traumatic incident,
- 2) the facilitation of the normal recovery processes and a restoration of adaptive functions in psychologically healthy people who are distressed by an unusually disturbing event.
- 3) A CISD functions as a screening opportunity to identify group members who might benefit from additional support services or a referral for professional care.

It is better to recruit an external conductor to lead a debriefing session with your team members.

One of the critical issues of CISM is that it is often carried out incompletely, since debriefing is applied in isolation, the pre-critical phases are reduced and medium/long-term monitoring is cancelled, thus invalidating the clinical protocol that has been prepared to operate in its full version. In recent years, alternative interventions have been proposed to Mitchell's, considered too rigid and procedural to deal with fluid and changing psychological processes as process debriefing of Dyregrov (1997). The process of debriefing (PD) is a type of psychological debriefing based on the same structure outlined by Mitchell, with phases moving from

1. an introduction through a fact-phase
2. a thought-phase
3. a reaction and a symptom-phase
4. a normalization
5. a re-entry phase

To know more, please see Psych.E.In. MOOC aimed at psychologists, psychotherapists, and psychoanalysts, Learning Unit 4, [https://psychein.pixel-online.org/gp\\_MOOCs.php](https://psychein.pixel-online.org/gp_MOOCs.php)

Source:

Mitchell, J. T., & Everly, G. S. (2000). Critical Incident Stress Management and Critical Incident Stress Debriefings: evolutions, effects and. Psychological debriefing: Theory, practice and evidence, 71.

Dyregrov, A. (1997). The process in critical incident stress debriefings. Journal of Traumatic Stress, 10, 589-605



## **Critical Incident Stress Debriefing (CISD)**

From Critical Incident Stress Debriefing (CISD) Jeffrey T. Mitchell, Ph.D.

<http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>

### Required Conditions for the Application of the CISD Process

The Critical Incident Stress Debriefing requires the following conditions:

- 1) The small group (about 20 people) must be homogeneous, not heterogeneous.
- 2) The group members must not be currently involved in the situation. Their involvement is either complete or the situation has moved past the most acute stages.
- 3) Group members should have had about the same level of exposure to the experience.
- 4) The group should be psychologically ready and not so fatigued or distraught that they cannot participate in the discussion.

### Timing

The Critical Incident Stress Debriefing is often not the first intervention to follow a critical incident. A brief group informational process may have taken place and distressed individuals may have been supported with one-on-one interventions. Typically, 24 to 72 hours after the incident the small, homogeneous group gathers for the CISD.

### **Phase 1 – Introduction**

In this phase, the team members introduce themselves and describe the process. They present guidelines for the conduct of the CISD and they motivate the participants to engage actively in the process. Participation in the discussion is voluntary and the team keeps the information discussed in the session confidential. A carefully presented introduction sets the tone of the session, anticipates problem areas and encourages active participation from the group members.

### **Phase 2 – Facts**

Only extremely brief overviews of the facts are requested. Excessive detail is discouraged. This phase helps the participants to begin talking. It is easier to speak about what happened before they describe how the event impacted them. The fact phase, however, is not the essence of the CISD. More important parts are yet to come. But giving the group members an opportunity to contribute a small amount to the discussion is enormously important in lowering anxiety and letting the group know that they have control of the discussion. The usual question used to start the fact phase is “Can you give our team a brief overview or ‘thumbnail sketch’ of what happened in the situation from your viewpoint? We are going to go around the room and give everybody an opportunity to speak if they wish. If you do not wish to say anything just remain silent or wave us off and we will go onto the next person.”

### **Phase 3 – Thoughts**

The thought phase is a transition from the cognitive domain toward the affective domain. It is easier to speak of what one’s thoughts are than to focus immediately on the most painful aspects of the event. The typical question addressed in this phase is “What was your first thought or your most



prominent thought once you realized you were thinking? Again, we will go around the room to give everybody a chance to speak if they wish. If you do not wish to contribute something, you may remain silent. This will be the last time we go around the group.”

#### **Phase 4 – Reactions**

The reaction phase is the heart of a Critical Incident Stress Debriefing. It focuses on the impact on the participants. Anger, frustration, sadness, loss, confusion, and other emotions may emerge. The trigger question is “What is the very worst thing about this event for you personally?” The support team listens carefully and gently encourages group members to add something if they wish. When the group runs out of issues or concerns that they wish to express the team moves the discussion into the next transition phase, the symptoms phase, which will lead the group from the affective domain toward the cognitive domain.

#### **Phase 5 – Symptoms**

Team members ask, “How has this tragic experience shown up in your life?” or “What cognitive, physical, emotional, or behavioural symptoms have you been dealing with since this event?” The team members listen carefully for common symptoms associated with exposure to traumatic events. The CISM team will use the signs and symptoms of distress presented by the participants as a kicking off point for the teaching phase.

#### **Phase 6 – Teaching**

The team conducting the Critical Incident Stress Debriefing normalises the symptoms brought up by participants. They provide explanations of the participants’ reactions and provide stress management information. Other pertinent topics may be addressed during the teaching phase as required. For instance, if the CISD was conducted because of a suicide of a colleague, the topic of suicide should be covered in the teaching phase.

#### **Phase 7 – Re-entry**

The participants may ask questions or make final statements. The CISD team summarises what has been discussed in the CISD. Final explanations, information, action directives, guidance, and thoughts are presented to the group. Handouts may be distributed.

#### **Follow-up**

The Critical Incident Stress Debriefing is usually followed by refreshments to facilitate the beginning of follow-up services. The refreshments help to “anchor” the group while team members make contact with each of the participants. One-on-one sessions are frequent after the CISD ends.

## Activity 2.2

### Defusing intervention

It is a psychological first aid technique. It is a short intervention (20-40 minutes) that is organised for people (6-8) who have experienced a particularly disturbing/traumatic event. Being a critical event stress management technique is to propose immediately after the event. With team member could be a practical technique to prevent burn out. The conductor could be the team leader/facilitator.

#### 1) Introduction phase

In the first phase the conductors present themselves (if they are not the facilitator/coordinator of the team), explain the reason for the meeting, highlight how they can be of help and support to the group and agree on the basic rules with regard to mutual respect, confidentiality, etc.

#### 2) Exploration phase

In this phase, each member is asked to talk about the experience and to share the reactions and emotions experienced.

#### 3) Information phase

The phase tends to normalise reactions and experiences. Reassure in order to ??? the anguish caused by the event and the more intense "outbursts" that some have manifested, to enhance the positive attitudes manifested during the event, make comments which are useful for the resumption of the good functionality of individuals and groups.

## Activity 2.3

### Stress Inoculation Training

The Stress Inoculation Training consists of a progressive inoculation of stress aimed at promoting a parallel activation of emotional reactions of defensive immunisation. The objective of interventions of this type is provide the operators with experience and useful behaviour in order to help them manage and face an emergency in the best way.

#### 1) Examination of the relationship between the person and the critical event

It should be noted that in serious emergency situations the person through their experiential baggage interprets and evaluates the event and their ability to face it, and based on this they will respond to the event.

#### 2) Acquisition of adequate skills to cope with the feared critical event:

##### a) Guided imagination exercises





- b) Role-Playing
- c) Watching videos related to real traumatic situations
- d) In vivo graduated exposure

3) Application and Recall

The conditions are created to allow the subject to operate personally in situations similar to those for which they had prepared.

**Training activity**

**Please describe the debriefing intervention which is most indicated to your team after the last early psychological intervention**

.....

.....

.....

.....

.....

.....

.....

.....

.....

