

# The role of debriefing in preventing posttraumatic stress disorders in emergency services

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## Summary:

The risk of negative consequences of traumatic events that emergency services meet is large, hence the necessity of counteraction to its results. In this work we present a method of debriefing (Critical Incident Stress Debriefing) which goal is to prevent of intense reaction to stress or PTSD. We also discussed situations in which there's a necessity of debriefing

**Key words:** debriefing, emergency services, posttraumatic stress disorders.

Many sources claim that level of stress experienced by emergency rescuers is much higher than in different professions [1,2]. It is confirmed by research on post traumatic stress disorder among rescuers (PTSD – post-traumatic stress disorder) [1,3,4,5]. The risk of negative consequences of traumatic events that emergency services meet is large, hence the necessity of counteraction to its results. At present, the most popular conception of help and support is Critical Incident Stress Management (CISM) by Jeffrey Mitchell from University of Maryland [6,7,8]. It is multirange and wide concept, it includes a lot of means and techniques of crisis intervention used in order to cope with post traumatic stress. The concept encompasses preventive actions (pre-incident like education or trainings), actions taken during the critical event (defusing or decompression) and also wide range of post-incident actions when key technique is debriefing. Critical Incident Stress

Debriefing as structuralized form of help has a goal of prevention of intense reaction to stress or PTSD [8,9,10].

In late '80s, Jeff Mitchell has worked on a concept of operation of stable team performing debriefing, called Critical Incident Stress Debriefing Team (CISD). Debriefing is a meeting after the action of services (e.g. police forces, firefighters, health rescuers), during which is discussed its course. Currently it is one of many techniques used in the range of comprehensive psychological support.

Dyregrov describes debriefing as a group meeting or a discussion about a traumatic experience which consists of 7 steps (introduction, facts' phase, thoughts' phase, reaction' phase, symptoms' phase, teaching's phase and conclusion) and which goal is to decrease negative results of traumatic experience [11].

A team which conducts debriefing consist of medical professionals (doctor, psychologist, nurse) as well as of emergency services staff members. An ordinary team should consist of 20 – 40 members, including a third part should be professionally linked with health service. Within the group are formed teams which take actions in particular cases if there is a need. A team consist of four people, including at least one medical specialist who ought to conduct this team.

#### Main goals of debriefing team are:

- To prepare emergency service staff to handle with stress at work;
- To provide help to people who has negative consequences after traumatic experience.

According to classical conception of Mitchell, a debriefing team is active not only when in the field of its action occurs traumatic event, but also foster knowledge about stress and how to handle with it, run a preventive programs aiming to reduce chronic stress caused by long-lasting traits of work.

Because the number of medical staff participating in the work of group is small and limited, usually the group is not organized for individual service but for all kinds of services which work in a particular region. In a way of organization a group should be assigned to one of a service, for instance it can work in a hospital, a police department, a fire department. Leading institution creates a chance of efficiently functioning team – raises funds, assigns location, creates selection committee which recruits new members, coordinates all operation, organizes trainings for teams, etc.

A team, to be precise, a groups assigned to individual tasks – leads preventive actions at the place of action or in the area of institution. In first case, we can develop two sorts of action:

- 1) During the emergency service action some rescuers are also members of a debriefing team, they have knowledge and skills and thus they should recognize the most stressed rescuers and give them accurate help. They should also provide help to victims and members of their family.

- 2) In case of large catastrophes, if 50% of rescue services in the region are involved and actions take more than 8 hours, there is organized a special place, separated from the area of action, where fatigued rescue teams can rest. A process of demobilizations takes around 30 minutes. In this time a designated member of debriefing team has 10 minutes to provide information about stress, its reasons and results, the remaining 20 minutes rescuers rest.

#### Assigned place:

- makes it possible to provide rescuers with information about symptoms of stress and how to manage it;
- gives rescuers a place to rest and regenerate before return to their tasks;
- makes it possible for the leader to announce important information and to thank for participation in action;
- makes it possible to recover from stress during the rescue action;
- makes possible to provide psychological help to those who need it.

Members of debriefing teams also carry on preventive activity outside the place of rescue operation. Their activity may be formed as short meetings with rescue team after the action. The meeting takes place on the ground of everyday rescuer's actions and is organized 1-4 hours after the traumatic experience.

It is the most opportune time to get over emotions created during the time of action. If the meeting is organized later it has to take other form.

These meetings usually take 30-45 minutes. The main goal of it is emotional stabilization of rescue team after the action and before the further duty or return to home. The meeting can reveal psychological reaction to traumatic experience occurring in the action.

The most expanded kind of meetings recovering from stress after traumatic experience is so called debriefing. It is planned and struc-

tural group meeting during which participants should get over emotions and reactions created in traumatic actions, at the same time they should understand and realize their reactions are not some sort of psychological disorder but normal reactions to abnormal, unusual situation.

#### Goals of debriefing are:

- 1) To reduce event's critical influence on the mental state of rescuers;
- 2) To soften physical, cognitive, emotional and behavioral reaction which occur in the aftermath of traumatic experience;
- 3) To prevent of development of post-traumatic stress symptoms;
- 4) To get over stress which is linked with social support;
- 5) To advance process of recovering to normal state for people who suffer from painful reaction to critical, unusual situation;
- 6) Activization of individual resources to fight with results of traumatic experience;
- 7) To gain ability how to manage yourself with a stress.

Debriefing ought to be organized within 24-72 hours after the traumatic experience and led by psychiatrist or psychologist and a few rescuers (they shouldn't be members of the crew which is being helped). It lasts around 3 hours.

#### Debriefing is organized if:

- lots of rescuers show stress;
- symptoms of stress are strong;
- rescuers reveal a change in their behaviour, e.g. they start to make mistakes which they haven't done so far;
- a group asks for help;
- the experience was extraordinary.

A course of debriefing has phase character. In the initial phase participants are informed about the goal of a meeting, about its confidentiality, voluntariness and its character is described (you speak only about yourself, without unnecessary details). Next is the phase of facts, in which participants describe short summary of the action. Next, they talk over what they remembered, what happened from their point of view. We have to remember that it is subjective reaction to a situation, created under the influence of crisis which, at this phase, is confronted with reaction of other people or commonly known facts.

The third phase includes reliving your own thought from the time of action and an attempt of personal assessment of the experience.

Leader of the group asks participants to reveal thoughts which they had during the action so they can see personal attitude to different aspects of the situation, later he proceeds to phase in which they relive emotions from the time of critical situation. Participants answer the question: "What was the worst thing that happened to you during the rescue action?". It makes participants to convert information of the experience on the cognitive and emotional level.

The fifth phase is pointed to describe signals and symptoms occurring under stress which were showed during the incident, 24 hours after an incident, several days after an incident, and which occur during debriefing.

When symptoms are revealed there is the sixth phase which is the phase of learning, it makes participants realize that their symptoms aren't something unusual and with the time being they will start to diminish. At this level it is crucial to show what participants experience as a normal process of adaptation after the incident. Simultaneously, it gives information how to reduce symptoms and control the stress.

In the seventh phase is the finish of the meeting linked with opportunity to explain any doubts or recommend places where participants can receive additional help and support in case of any problems. This phase of meeting allows participants to comment in a free way what occurred during the action and the meeting and the leader of debriefing has a chance to tell what they did

not reveal because they were not aware of or did not want to confess it. For instance, it is hard to verbalize and admit to some kind of feelings. Sometime in this phase, participants make a commitment to help and support each other.

It is a phase when participants can ask questions, discuss the run of the meeting, present new problems or points of view. Then, the team which leads debriefing makes a summary of the whole meeting, symptoms, problems, psychoeducation and normalization. It encourages to return to everyday occupation/duty. In the final phase there is time to show the prospect of life after a crisis. Sometime it happens that group asks for some extra information or trainings [12,13].

It is important to inform participants about opportunity of counselling after traumatic ex-

perience. In Poland, there are given addresses of Crisis Critical Intervention Centers or centers prepared to provide proper help.

In spite of many analyses and studies, the effectiveness of debriefing in prevention of PTSD cannot be unambiguously confirmed. Some reports even say about its iatrogenic effect [14,15]. Nevertheless, no one calls into question the necessity for professional intervention and support for employers of emergency services in order to prevent negative work stress, as well as possible occurrence of PTSD [16].

The studies show that in proper debriefing crucial is clinical experience and specialist qualifications of intervention team, connected with support, but also the risk assessment of appearance of negative consequences of an experience.

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