

# Does Debriefing Help or Harm?

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There has been a lot of confusion about whether debriefing is helpful or harmful. In the United Kingdom, the National Institute of Health and Clinical Excellence (NICE) and the Cochrane report (Rose, Bisson & Wessely, 2003) have issued guidelines recommending against a one-off session of debriefing following a traumatic incident. On the other hand, many papers have been published showing that participants going through personal debriefing have found it to be very helpful (Mitchell & Everly, 1997).

The recommendation that people should not receive debriefing is based on the results of 11 'randomized controlled trials', in which adults were randomly assigned either to receive a single session or individual debriefing or no debriefing, and then followed up afterwards (Rose, Bisson & Wessely, 2003). Three studies indicated that debriefing was associated with a positive outcome, six studies found no effect of debriefing, and two studies associated debriefing with a negative outcome. Thus, some people have concluded that, overall, debriefing has no effect on outcome.

However, the Department of Health (2001) evidence-based practice guidelines for the United Kingdom have acknowledged concerns over the quality of the studies in the Cochrane report. They state that 'many of the published studies showing negative results for critical incident debriefing do not assure the quality of the intervention' (p.24). Even Rose et al. (2003) acknowledge that the quality of the studies 'was generally poor'.

## **We can learn from these studies how *not* to do debriefing.**

### ***Debriefing may fail to help if the session is too short***

One problem with these studies was that the debriefing was very short, lasting only 20-60 minutes. Such rapid debriefing may be too rushed to be of benefit, and may in fact make matters worse. Arendt & Elklit (2001) identified six studies in which debriefing lasted one hour or less. In each case, debriefing was found to have either no effect or a negative effect. In contrast, five studies involved debriefing lasting more than one hour, and in each of these cases debriefing had a positive effect.

### ***Debriefing may fail to help if provided too soon after a traumatic event***

Another important consideration is when the debriefing is provided. In the study which is most frequently cited to claim that debriefing has a negative effect (Mayou, Ehlers & Hobbs, 2000), people admitted to hospital after road traffic accidents were debriefed 'within 24 hours of the accident or as soon as they were physically fit to be seen' (p.589). However, it is generally recommended that debriefing should never occur within the first 24 hours following a traumatic incident, especially when someone has been physically injured. When someone is in severe pain, avoiding thinking about the trauma can be a healthy coping mechanism, and it can be better to provide pain killers and encourage distraction (or sleep) rather than to ask them to focus on the cause of their distress. Forcing someone to speak about the details of the trauma during those initial hours may actually encode it more vividly into their memory and impede recovery.

It is likely that the patients in the Mayou et al. (2000) study needed more time to recover from the physical injury before receiving a psychological intervention. Further evidence for this is provided by Bisson et al. (1997). They studied burns victims, and observed that the sooner

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debriefing was provided, the worse the outcome. This is probably due to the reasons discussed above. Moreover, for burns patients the trauma generally continues for a considerable time after the injury has occurred. Severe pain often comes with dressing changes, grafting, surgery, physiotherapy etc, and progressive scarring after a burn may cause more problems than the burn itself. Therefore, 'early debriefing in the hospital may be timed too soon for most patients to benefit, in that their most traumatic experiences in relation to the burn may still be months down the road' (Kraus, 1997, p.583).

Everly & Mitchell (1999) recommend that debriefing should take between 24 hours and 10 days after acute crisis (never in the first 24 hours), and where there is a major catastrophe debriefing should take place only after 3-4 weeks have passed. Debriefings which occur later than this may still have a positive effect, but intervening too early may have a negative effect.

### ***Debriefing is more likely to be effective if the debriefer is trained and experienced, and perceived as 'credible' by the debriefee***

Another problem with several of the research studies is that relatively inexperienced debriefers have been used. For example, in the Mayou et al study (2000) which reported an adverse effect of debriefing:

'Regrettably, the experienced clinical nurse specialists and social workers who were recruited initially to undertake the interventions, found that their primary clinical responsibilities in the emergency psychiatric service prevented their reaching many of the study patients before they were discharged. After the first ten subjects, the interventions were undertaken instead by the research assistant' (Hobbs & Adshead, 1997, p. 166-167).

In the other study which reported an adverse effect of debriefing (Bisson et al., 1997), it has been reported that the debriefers received only half a day's training in debriefing methods (Parkinson, 2001). This is an insufficient time to be properly trained, let alone develop the skills through practice and experience. Research suggests that debriefing tends to be beneficial only when led by a trained, experienced debriefer (Arendt & Elklit, 2001).

### ***Debriefing may be more effective for people who have been selected, 'briefed' and know they may experience stress as part of their work***

Critical incident debriefing was originally devised for *emergency workers* who had experienced critical incident *stress* as part of their job. Debriefing was not devised for *members of the public* who, without warning, experience *trauma* (unexpected, disaster-type events). It has been said that people cannot be 'debriefed' if they have not already been 'briefed'. That is, debriefing is aimed to help people who experience stress during the course of their work, and who know in advance that this might happen. Aid workers have much in common with the emergency workers for whom debriefing was designed. They tend to be selected because they are psychologically robust, and they are prepared to encounter stress. In their review of the studies on debriefing, Arendt & Elklit (2001) found that personal debriefing generally has a beneficial effect when the people being debriefed are professional helpers, but is insufficient when used with members of the public who unexpectedly experience trauma.

Lovell (1999b) conducted a study of personal debriefing for returned aid workers, avoiding the problems of previous research listed above. Trained debriefers who had themselves worked overseas conducted individual debriefing sessions which lasted on average two hours. Debriefing occurred around 1-3 weeks after the individual had returned to the UK. Here are some of the main results.

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- Personal debriefing was found to be highly beneficial for this group. Of 33 aid workers who had received personal debriefing, it was found that only 7% reported having intrusive thoughts of a clinical severity when they were followed up approximately 14 months after the debriefing. This compares with 24% of workers from other aid organisations who received no personal debriefing. Likewise, only 7% of debriefed personnel reported clinically significant levels of avoidance behaviours, compared with 25% of the non-debriefed group.
- 40% of those debriefed reported that there had been a positive change following debriefing (e.g. fewer flashbacks afterwards, or 'it gave me permission to feel the way I was feeling - a sense of release and relief'). No one reported a negative change. People made comments such as 'I thought beforehand it was going to be a waste of time, but I found that actually it was very helpful to be able to talk about everything, however small, that had happened'

### **In summary of the above discussion**

1. The studies which suggested that debriefing may be ineffective or harmful have methodological flaws, including offering debriefing which is too short, too soon, or uses an inexperienced debriefer.
2. Debriefing was originally devised for groups such as emergency workers and aid workers. It appears to be beneficial for these groups.
3. Skilled debriefing by experienced debriefers is likely to be of benefit to aid workers, as long as the debriefing session is not too short and does not occur within 24 hours after the traumatic event.

Finally, please note that debriefing alone is not sufficient. Debriefing should be part of a package of care, including appropriate selection, briefing, training, placement and on-field support.

For further information, please see *Debriefing Aid Workers: A Comprehensive Manual*; and *Working Through Trauma: Supporting Staff Responding to Disasters*. Both books are by Dr. Debbie Lovell-Hawker, and are available from [www.peopleinaid.org](http://www.peopleinaid.org).