Introduction and overview: Key issues in the conceptualization of debriefing

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Introduction: Models of debriefing

There is significant conceptual and definitional confusion in the use of the term debriefing. The word 'debriefing' is in very common usage, its popular meaning being that of 'telling about what has happened'. There is also a sense of reviewing or going over an experience or set of actions, to achieve some sort of order or meaning concerning them. Being debriefed implies being enabled or assisted to achieve such a review.

Debriefing as a technical term, implying a specific and active intervention process, has developed with more formal meanings. Foremost there has been the concept of 'operational debriefing'. This is a structured process following an exercise or event that reviews the actions taken, the contribution of various workers or participants, and the degree of success or otherwise of the operation. The purpose of this review is to learn from the experience, and so further develop skills to deal with similar or related events in the future. Operational debriefing is usually a formal process occurring some time after the action or event and may deal with equipment, activities, fulfilment of functions and roles, and so forth. It is at times also carried out more informally, as part of an operational team's activities, led by a designated person. It has often been recognized that such discussion has clarified the experience for those involved. It has also been suggested that it may have promoted a sense of mastery of the situation and team morale through the review of achievements. Some team leaders also suggested that it could be helpful to their personnel as they could, through this process, obtain a better perspective, or even 'get things off their chests'. Thus there was, even before other debriefing concepts were developed, a sense that there may have been personal benefits for those involved in the process. These advantages were also seen as including the strengthening of the team, who had 'all gone through this together', shared the experience, and could come to sense a common meaning in it, or to understand their roles and actions in the event.

Another paradigm that has been recently re-examined and found to be useful is that of 'historical group debriefing', developed by the US military historian S. L. A. Marshall to obtain a history of combat episodes in World War II and described by Shalev (Chapter 1) as a model for debriefing soldiers. This model promotes a group environment for describing the experience and bringing together the different perceptions in ways that may lessen distress and provide some shared sense of meaning. It was first developed in a purely historical concept but was observed to benefit those involved. It had no formal structure and made no interpretations.

In the 1960s Caplan (1964) proposed a model of crisis intervention to deal with stressful life experience when normal coping mechanisms were overwhelmed, and linked this to the possibility of preventing untoward psychological outcomes of such stressors. This was a brief intervention framework and, while not the same as debriefing, probably set a context wherein other brief models of intervention to prevent adverse stress outcomes were likely to develop.

The concept of debriefing itself developed into what was known as psychological debriefing in the 1970s. A number of different models of this procedure evolved

with respect to emergency, military or incident response workers and their needs. Several of the contributors to this book describe their views on how and why this new domain of psychological debriefing in its various manifestations evolved and link this to different theoretical views and possible rationales for debriefing.

The most widely used model of debriefing is that developed by Jeffrey Mitchell and known as Critical Incident Stress Debriefing (CISD). This form of psychological debriefing has a specific structure and format, and has been developed for the management of critical incident stress experienced by emergency service workers. It has more recently been expanded to encompass a programme of interventions known as Critical Incident Stress Management (CISM).

Dunning (1988) (see Stuhlmiller and Dunning, Chapter 22) has reviewed the various models of psychosocial debriefing and described a number of varieties, including those that were more specifically educational. She classed these as didactic and psychological and the latter were subdivided into CISD and a continuum of care approach with coping-skill building and cognitive restructuring. These other frameworks do not appear, however, to have had widespread usage; perhaps they have not been seen as widely applicable because they have had a lower profile than CISD.

Among the meanings of debriefing are those corresponding to its relationship to briefing of personnel to deal with an incident or event. This relates to the preparation, training and briefing of workers such as police, military, rescue and disaster personnel to deal with emergencies or other extraordinary situations. There is much to suggest that the adequacy and effectiveness of such training and preparation may mitigate the stressor aspects of the experience, and even diminish the risk of subsequent morbidity, in terms of stress-related health phenomena such as sleep disturbance, and social malfunctioning.

Briefing and debriefing may be linked processes, incorporated into the operations of an emergency or military workforce, or those of other groups exposed to psychological stressors. In this way they are 'integrated' into the workplace system. In other instances they may be described as a health or even mental health programme, and seen as helping with the management of workplace or critical-incident type stress. Here they may be integral parts of an occupational health and safety programme, or even a stress management programme. Debriefing may therefore be seen as multifaceted and viewed as applicable to a range of work environments' critical incidents.

Debriefing has extended far beyond its original contexts and is now widely applied to almost any life experience, even those that may be relatively positive. This may seem to apply a pathologizing framework to the inevitable and stressful experiences of life, perhaps contributing to the view that we are a stressed and traumatized society. On the other hand, debriefing is frequently driven by altruistic and human responses in the wish to help others who have suffered, to undo what has happened to them, to comfort and 'make things right'. Debriefing, with trauma counselling, may be seen as the centrepiece of the new 'trauma' industry, as a source of revenue and effective activities. Or it may be seen as the 'magic bullet' of preventive intervention, to prevent the suffering and chronic morbidity that may follow traumatic life experiences. What the majority of the contributors to this volume make clear, however, is that there is much belief and goodwill and valuable theoretical development, but a dearth of systematic hypotheses building on established science and tested in empirical studies with appropriate methodologies. However, as is the case in the development of scientific data, we must await the outcome of proper research to know what types of debriefing are appropriate under different circumstances. Clearly, there is a phenomenon of debriefing at work and classification of the mechanisms will unfold in due time.

It could be suggested that the understanding of stress generally, and traumatic stress in particular, has shown significant growth in the last two decades, especially with the rapid expansion of high-quality scientific studies. This research has validated earlier clinical frameworks. Debriefing is provided with a belief in its value, in ways that could be said to be similar to earlier understanding of traumatic stress syndromes. The scientific underpinning of any acute intervention such as debriefing needs also to evolve to validate its relevance to acute post-trauma response and to ultimate recovery.

To date this has not occurred. However, it is the purpose of the contributions in this book to lay foundations and suggest directions for future critical scientific research.

Each of the authors in this volume has made a significant contribution to the evolution of the field of debriefing. They bring diverse theoretical, research and practical experience to the great debriefing debate.

Core debriefing issues

Core debriefing issues include the frameworks in which debriefing may be conceptualized: for example, its narrative modality, as crisis intervention, as psychoeducation, as stress management, as prevention, as therapy and as an integrated intervention. Also relevant are the events, stressors or experiences to which debriefing interventions may be applied – appropriately or inappropriately – for example critical incidents, traumatic stressors, bereavement, separation or dislocation, chronic stressors, disasters. The relation of debriefing to theoretical understanding of these stressor experiences is relevant in terms of the nature of the reactive processes in each instance, the rationale and timing of debriefing interventions, and elucidating for whom they may be effective.

Narrative or talking through the experience

Weisæth (Chapter 3) suggests that much talking through of experiences happens naturally, as in veterans' clubs, or as part of the natural behaviour of groups after experiencing a major incident. Ursano et al. (Chapter 2) show how natural talking, which occurred more frequently in those with high exposure and high post-traumatic stress disorder (PTSD) symptoms (Ursano et al., 1996), did not lead to any reduction of these symptoms when assessed seven months later. The narrative tradition is a strong one as McFarlane (Chapter 24) suggests, but here, as in psychotherapy research more generally, there is inadequate information about the degree to which 'telling the story' solves the problem, despite a profound belief that it will. It is of interest that indigenous peoples value a narrative model to resolve loss, but resolution of loss involves very different phenomenological processes, as is discussed below.

Numerous authors quote Pennebaker & Susman's (1988) work in support of their debriefing hypotheses, but this was carried out in less aroused subjects. There is a certain naturalness in talking about what has happened – but not for everyone. As some contributors point out, it may not be the best coping mechanism for all people, nor at all times. It is particularly important to consider the value of talking about distress and emotional reactions (which may include helplessness) when the individual must continue to function and deal with ongoing critical incidents or continuing horror, violence and so forth. A number of workers agree that this may not be appropriate. Interventions should therefore be tailored to individual and situational requirements. As Wilson and Sigman (Chapter 4) suggest, a person-situation model is necessary to define appropriate responses and evaluate their effectiveness.

Shalev (Chapter 1) points out that arousal and distress are potentially critical pathogenic elements in moving from a normal reaction to a stressor to PTSD. His studies show that decreasing arousal and high levels of distress may therefore be key preventive mechanisms. Yet there is considerable anecdotal evidence that arousal may actually be heightened for some persons after debriefing, and it may therefore be that the re-exposure in the talking through of the incident during debriefing may have adverse effects for some. There appear to be no clear mechanisms available to recognize, and deal with, those for whom this may be the case. McFarlane (Chapter 24) suggests that a pharmacological intervention may be appropriate in some instances. A further issue is how much talking through resolves what has happened and assists with mastery of the experience, as compared to reinforcing helplessness. This question is not answered by any of the work presented – yet it is critical. Terr (1991) has recognized that the repetitive play of traumatized children does not assist resolution, but rather represents ongoing traumatization, with repeated and unsuccessful attempts at mastery and integration. It seems that some of those who experience a severe incident, trauma or disaster, become so powerfully

fixated in their victim status that they become 'tellers' of their story – but no resolution occurs. Rather they remain locked into the incident, even though they may not appear outwardly stressed or symptomatic. This mode of coping may have been reinforced for them by powerful feelings of importance related to the event, which makes them feel significant in ways that they have not felt before. Nevertheless, it is not resolved if they are still locked in time to this event and to these narratives of what happened. There are self-disclosures that facilitate healing and those that serve only to maintain defences against helplessness and injury.

A general belief that it would be better to talk about it is held by the public and by mental health professionals who believe that it will help people to recover. As the evaluation studies of Robinson (Chapter 6) and others demonstrate, those in emergency services provided with debriefing generally identify it as helpful to them in providing an opportunity to talk about what has happened. Those who have not had a chance to talk about their experience formally may feel they have been deprived of something that would have been helpful. However, as Watts (Chapter 9) and others show, the perceived helpfulness of debriefing does not correlate with outcome and indeed Ørner's more recent studies suggest that it is most helpful to, and most used by, those who might be considered to need it least (Avery & Ørner, 1998).

It can safely be said that the debriefing movement has contributed to 'making it alright' for men, in particular, to talk about their traumatic wartime or other experiences, and that this in itself may have contributed positively towards lessening the negative sanctions in all-male environments against emotional expression and recognition of personal distress. It has been shown frequently that the coping styles of men and women differ and that women talk more readily with others about their problems and share their feelings, while men use more active coping styles – action oriented and at times acting out. In the limited data available, there has been inadequate analysis on utility of debriefing models by gender, although Ursano et al. (Chapter 2) note that women may more readily use such a medium.

Some suggest that the pendulum may now have swung too far away from denial of the effects of psychologically traumatic experiences, with even minor experiences being identified as stressors that must be dealt with by debriefing or trauma counselling, and an excessive adoption of victim status in a stressed society. There is much to suggest that talking in groups is potentially negative when disparate individuals are drawn together. Some whose exposure has been minor may be traumatized by the vivid accounts of those more intensely involved. This emphasizes the importance of some type of screening or selection relevant to any process where group debriefing is offered.

'Natural' talking with family, primary confidant and friends takes place over time and has been studied by Ursano et al. (Chapter 2). This is generally perceived as an important part of the gradual integration and shaping of the memories of the experience. Some experiences are perceived as being too terrible to talk about, particularly with family members. Armstrong (Chapter 21) uses family settings as part of the model of multiple stressor debriefing. Further work is needed to determine when talking through is perceived as helpful and with whom, what is perceived to be helpful and unhelpful in response, and how patterns of talking through correlate with outcome, both in natural social interactions and in professional settings.

Earlier work on conjugal bereavement explored this narrative model, and it was found that the perceived unhelpfulness of social network support for talking about the bereavement, in situations seen theoretically to be important in the resolution of the loss, correlated with negative mental health outcomes. Where individuals were at risk in this way, professional interactions meeting these needs could to some degree prevent negative outcomes (Raphael, 1977). This suggests that an individual's readiness for talking through may need to be adapted both cognitively and emotionally to the subject's need and pace, and it may be that different stressors and their different reactive processes will similarly need to be taken into account.

Studies indicating that debriefing is helpful (e.g. Robinson, Chapter 6) suggest that telling of one's experience is valued, and that group sharing of personal narratives about a traumatic experience may at times contribute to a group knowledge and understanding of

what has happened. This seems most likely to lead to learning, and to be helpful when it is for groups who are briefed, trained and work together. In a debriefing framework it is reported by many, including Mitchell and those using his model, to lessen job turnover and sick leave, and to improve other indicators of workplace stress. However, neither in the military, nor elsewhere, is there any available systematic data from controlled trials to show that it prevents PTSD; Mitchell and Everly (Chapter 5) also point out quite clearly that it is not intended as an intervention for the prevention or treatment of PTSD.

Crisis intervention or critical incident stress debriefing

Recently, debriefing has taken on a crisis intervention mantle as part of its contextualization of potential benefit. Debriefing has a more formal structure of intervention as proposed by Mitchell and those using his framework. While this model has been adapted to be less formal than was initially proposed, it still sits within an institutional framework. Equating debriefing with crisis intervention, as initially described, is not entirely inappropriate. Crisis intervention in Caplan's (1964) model was formulated in social and psychological terms and looked at natural gatekeepers, the use of social networks, and focussed, short-term intervention. Thus there could be said to be some similarities. However, debriefing as originally proposed was more to do with a one-off intervention, and could be said to differ in that it was formalized, structured and did not rely on social network interventions, except in terms of peer support. Moreover the definition of a crisis was somewhat different – a crisis arose when one's normal coping mechanisms could not deal with particular life problems. Debriefing is typically provided in the immediate aftermath of an event, when the individual cannot be said to have had an opportunity to demonstrate or fail to demonstrate coping and adaptation, except perhaps in those circumstances where high levels of ongoing distress or dysfunction make it clear that adaptation is not yet occurring.

The crisis intervention model also suggested that most people would resolve crises with minimal assistance, but that there were those who could be identified as at high risk, for instance through personal resources being totally overwhelmed or social networks failing. Interventions should focus on these groups. However, it is usual for debriefing to be provided for all who have experienced a particular event or stressor. It may even be, in many circumstances, that those likely to be in greatest need do not avail themselves of debriefing, perhaps through the denial, resistance and avoidance that are part of acute stress reactions.

Models of debriefing might fit within a crisis intervention framework. However, crisis intervention that has been shown to be effective has not been applied to situations where debriefing is routinely applied, nor in formats that fit with debriefing. A number of studies of the crisis intervention model per se in randomized controlled trials have been carried out. These studies include: bereavement crisis intervention for high-risk bereaved widows (Raphael, 1977), crisis intervention for those at risk following motor vehicle accidents (Bordow & Porritt, 1979), and crisis intervention in association with illness and injury (Viney et al., 1985). Debriefing has been shown in contributions to this book (e.g. Watts, Chapter 9; Hobbs and Mayou, Chapter 10) and elsewhere (e.g. Bisson et al., 1997; Wessely et al., 1998) to be ineffective in each of these contexts, and potentially to be associated with increased morbidity, even though perceived as helpful. It should be noted in the bereavement research quoted above that perceived helpfulness did not correlate with outcome – perceived unhelpfulness did, negatively. This has not been investigated in the debriefing literature. Furthermore, the crisis interventions usually take place in the weeks after the event, and most usually in the form of a number of sessions for individuals – not groups, although the latter are also used. The sessions are informed by understanding of individual dynamics and vulnerability.

Thus it may be concluded that, although debriefing could be seen within a framework such as crisis intervention, particularly in its critical incident stress management format, there are many dichotomies. What both procedures have in common is that both conceptually deal with disruptions to coping in normal persons who have experienced some degree of disequilibrium caused by a stressful life event. But the mantle

of crisis intervention does not help the cause of debriefing, or its ubiquity. The formats are different, the focus and timing frequently differ and where randomized controlled trials of crisis intervention exist, debriefing has been shown to be ineffective and possibly harmful to some.

Debriefing as education or psycho-education

Dunning (1988) has highlighted the different models of debriefing and the strong educational basis of some as compared with others. This review throws into light both the potential effects of debriefing in educating workers in reactions to severe experiences and ways of coping. Such an educational framework can scarcely be criticized per se. Recognition of the importance of education prior to incidents is clearly demonstrated by a number of contributions. Earlier writing by Ursano et al. (1996) highlighted these values. Weisæth (Chapter 3), in particular, places emphasis on the 'learning' that may occur with proper leadership in groups and for individuals who successfully master a highly stressful traumatic experience. Further, elite military units undergo rigorous training for expectable challenges in warfare. Such training can build repertoires for mastery and efficacy through rehearsal and conditioning.

A number of important issues can be highlighted when one examines education and learning in relation to traumatic circumstances. The traditional CISD model teaches those involved the psychological symptoms they may expect to have and what is a 'normal reaction to an abnormal experience'. The learning in such presentations is passive and not active. Educational theory, particularly that of adult learning, emphasizes the value of active learning and problem solving. This would appear to be more inherently part of models such as those proposed by Weisæth (Chapter 3), Shalev (Chapter 1), Alexander (Chapter 8), Lundin (Chapter 13) and Armstrong (Chapter 21), where learning from debriefing may be better 'owned' by those participating.

Learning in debriefing is thus probably a critical issue, as in any intervention – but what is learned from whom? As noted above, those involved may learn symptoms, or pathological syndromes, and identify with these – in much the same way medical students do with the illnesses they study. They may 'learn' that everyone needs assistance – not, as is known from catastrophes in many different circumstances, that human resilience is a powerful force, even against the greatest odds, and that the personal battle to deal with stressor experiences may make some even stronger (Tedeschi & Calhoun, 1996). They may learn that all stress should be medicalized, even though it is a 'normal response to abnormal circumstance'. This of course is not necessarily due to debriefing, but debriefing may be one instrument of a social movement driving perceptions of a stressed or traumatized victim society.

Learning, on the other hand, in those formats more oriented to adult learning may build on the strengths, and recognition, of each individual's pathway to mastery, as well as those of others. This also raises the question of what should be the focus of any teaching and learning in order to promote coping.

Clearly these matters are at present hypothetical and research is needed to clarify positive and negative learning in relation to debriefing-type interventions. Where this learning sits with respect to the overall learning of the individual is also important. If previous learning about how to deal instrumentally and personally with stressful life circumstances appears established, what does the learning of debriefing do to contribute further to this? Is it necessary, and how is it applied to the individual good? It is known that past experience with similar events/traumata is helpful in many instances (when these have been successfully dealt with), and that this personally acquired learning may 'inoculate' to some degree to protect against the next stressor.

Debriefing as stress management

Shalev (1994) has described debriefing as fitting more within the stress management framework. This is possibly a useful way of viewing these interventions, particularly as they now encompass a whole spectrum of workplace-related responses to stressful incidents. This is particularly relevant when one considers the findings reported by Mitchell and his colleagues (Chapter 5).

The interventions are for stresses encountered in emergency work; they are also aimed at less overwhelming stressors – 'critical incident stress' as opposed to 'traumatic stress'. They seek to help workers to function and to return them effectively to their workplace, avoiding adverse health and social effects. Their chapter claims success in this, which concurs with other findings that debriefing is not 'suitable' for overwhelming circumstances, where it does not appear to have helped. The concept of stress inoculation is also taken up in some stress management frameworks where it is part of preparatory training to deal with stressful circumstances to act out such events in role play.

Indeed Mitchell and colleagues (Chapter 5) do identify their programme, apparently appropriately, as CISM. It is only open to question what is a 'critical incident', and when does this on the one hand become a 'traumatic incident' or on the other merge with ordinary 'life events'. This definitional aspect varies frequently in different presentations on this issue. The clearest workplace stress management paradigm in this context is perhaps that of Flannery et al. (1991) in the Assaulted Staff Action Program, which encompasses building the stress management capacity of the system in a model of positive expectancy using the CISD paradigm.

Research in a stress management focus could be useful in testing the effectiveness of interventional systems such as CISM in organizations, as it is an institutional response that could allow pre- and post-test and longitudinal monitoring of cohorts. This would greatly increase understanding of the value of the paradigm. It should of course examine positive adaptive processes and outcomes as well as negative: stress as challenge and learning, and stress as vulnerability and inducing of pathology.

Debriefing after which events?

Horowitz's (1976) original model of stress response syndromes included bereavement as a traumatic stressor. Dislocation, distress, illness episodes and diagnoses, military service, peace-keeping activities and so forth have all been a focus of debriefing. Even childbirth has been a focus for debriefing as identified by Boyce and Condon (Chapter 19). Wilson and Sigman (Chapter 4) describe a matrix model that highlights the multiplicity of stressors and thus decisions about interventions, and suggest that a typology of debriefing needs to be developed based on a rationale of empirical factors associated with risk, threat and injury to self and others.

This highlights the confusion between a model of debriefing developed for dealing with emergency workplace stressors of a critical kind and the spread of debriefing interventions alleged to have utility in almost every circumstance. This is exemplified as well in discussions such as those of Wraith (Chapter 14) where she emphasizes a distinction for children between events that the child might experience which are not traumatically damaging (e.g. to development) as compared with those that are. Yet there are no operational frameworks that assist well with this process. Wilson (1989) highlighted the multiplicity of stressors and their differential effects and Wilson and Sigman's (Chapter 4) chapter acknowledges these and the decisions they may involve for interventions, although still contextualizing such interventions as debriefings.

Loss stressors and life threat

The need to consider what is relevant for intervention is highlighted particularly by a consideration of the stressors of bereavement and life threat. Elsewhere it is argued that the former lead to loss reactions and the latter to traumatic stress reactions (Raphael, 1986, 1997). The phenomenology of normal reactions to the loss of a loved one is now well studied, particularly in its evolution over time, from the period following the 'event'. Factors that influence the course of, and vulnerability to, pathology as opposed to adaptation are relatively well explored. Sudden, unanticipated and untimely bereavements are known to be associated with higher risk for adverse outcomes. Perceived unhelpfulness of the social support network is also a factor. Very high initial distress may be predictive of poorer outcomes. The phenomena are different from those of traumatic stress reactions (Raphael & Martinek, 1997). There is substantial evidence that crisis intervention

and grief counselling in various formats are effective (Parkes, 1980). The only study that shows a negative effect of intervention for outcome is that of Pollack et al. (1975), which provided an intervention at the earliest possible time (in the immediate 24–48 hours following the loss). These reports highlight the specific needs associated with an appropriate response to loss as a stressor, even though it is also recognized that the risk factor paradigms may be similar in some ways to those of trauma.

It is, of course, possible that bereavements may in and of themselves be highly traumatic. Experience with disaster circumstances and other instances where bereavements also encompass life-threatening aspects such as gruesome, mutilating horrendous deaths, life threat to the bereaved person, feelings of profound helplessness in the face of violent death, and so forth have provided some insights into the interventions needed. These recognize that the trauma stressor components may need to be dealt with separately and in terms of their specific phenomenology; frequently the traumatic stressor effect should be tackled first and then the bereavement. But there is no evidence to suggest that a debriefing format is helpful or even adequate in these circumstances. It may in fact actively interfere with a necessary phase of denial and numbing as the individual's ego cushions against the excessive stress experienced.

Thus it may be concluded that different levels, patterns and timing of interventions are relevant in relation to these two stressors (trauma and loss), even when they co-occur, and that the debriefing model is not appropriate in the light of current understanding.

Separation/dislocation stressors

The intense distress of separation from a primary attachment figure may occur as a result of an incident, particularly one affecting families, i.e. separation of those who are normally in close and emotional interaction. The distress may be part of a reaction to the loss of this person by death or other means. But those closely attached may also be separated by natural or human-engendered forces in community disasters, war or violence. More prolonged dislocation from home and community may follow – for instance, in the case of refugees. Dislocation stress involves also the loss of normal sources of support, coping and understanding. Debriefing per se may be inappropriate to deal with acute separation distress where information, support, protection and attempts at reunion, bringing together or finding the outcome for the separated are critical. Debriefing in this context is unlikely to diminish the distress and may even add to it (Raphael, 1986).

The chronic stressors of dislocation, for example the loss of community or home from a disaster, or loss of country and culture as a refugee, may be the background upon which other stressful occurrences take place. Whether or not a debriefing model is then appropriate is contentious because, as noted below, it may seem a superficial, and even glib response, which does not recognize either the context of trauma sustained, or the interaction of acute incidents with this.

Chronic stressors and traumatization

Those supporting debriefing have never suggested that it is an appropriate response to chronic stressor situations or to chronic traumatization. Nevertheless, critical incidents and even traumatic incidents to which debriefing may be applied may not infrequently occur on such a background for affected individuals or groups. This is well highlighted in the discussion of the possibility of debriefing for indigenous populations in the chapter by Ober et al. (Chapter 17). Chronic transgenerational and ongoing traumatization have effects that must be recognized and cannot be dealt with superficially or briefly. Two things are relevant. First, political or broader community support, action and restitution may be central to outcomes with such chronicity. Secondly, an acute incident, or an acute intervention may open up this past and contribute to ongoing psychological traumatization. This may lead to negative outcomes, failure of current hard won adaptation, the need for more skilled and in-depth interventions, or new opportunities for dealing with these experiences. Debriefing is rarely cognisant of such issues, and much of it is taken up and practised with little recognition of these possibilities and their significance.

Disasters

Disasters may encompass a multitude of stressors both for those directly affected and for those who would assist them. Yet here the debriefing model may be too basic to deal with all such experiences at both community and individual level. As shown by Kenardy and Carr's (Chapter 12) contribution and to a degree by those of Watts (Chapter 9) and Lundin (Chapter 13), debriefing is not appropriate for survivors, although some other group support and information may be. The chaos of disaster may require an acute mental health intervention, but this is more likely to be in the context of support, safety, triage and provision for subsequent follow-up.

Wholesale provision of debriefing for populations after disaster cannot be justified, although other interventions may be (Singh & Raphael, 1981). Debriefing for emergency personnel who are briefed for disaster response may be an appropriate usage, but this also needs to be reviewed in terms of some of the contexts outlined above.

Thus it may be concluded that the broad term 'debriefing' (or the new all encompassing 'debriefings') does not provide any adequate framework for the complexity and differences in the nature of interventions that may be appropriate in relation to different stressor experiences and the adaptive and maladaptive reactions to those. A matrix understanding as suggested by Wilson and Sigman (Chapter 4) may be helpful, as may a multiple stressor model. Empirical research to back such approaches is sorely needed. However, different types of intervention, group and individualized, focussed to deal with vulnerabilities in those at high risk, and frameworks that recognize and facilitate growth, resilience and mastery are all required, as is research into their effectiveness. In addition, a sophisticated understanding of background stressors, strengths and dynamics can allow a more appropriate response to individual need.

Mass trauma, violence and conflict

Bringing together the multiple stressors that may occur in the setting of human rights violation, mass trauma, torture, refugee status and in already devastated and deprived settings is difficult. Nevertheless, these are relevant as the greatest burden of psychological traumatization and life stress occurs in such settings. Workers providing for basic needs may not see the relevance of mental health, or the relevant language may not recognize psychological trauma, or it may be seen as a traumatized transposition. Silove (Chapter 25) has drawn together a framework for responses in such settings which encompasses the domains of, security/safety, attachment, justice, identity/role, and existential meaning. This makes it clear that traditional debriefing models are inappropriate as an acute response in such settings, and that a more holistic response will be required. Clearly, there is a need for further systematic research to support the relevance and utility of this framework. The usefulness of such integrative concepts is recognized when the human needs involved in situations of trauma are dealt with more holistically.

Debriefing for whom?

This question is highlighted by a number of contributors to this book. For instance, Solomon et al. (Chapter 11) question the possibility of negative effects for those who are depressive and likely to be subject to negative ruminations. Other personality facets and coping styles may be influential in adaptation, and debriefing may interact positively or negatively with these – for instance, emphasizing emotional reactions for those for whom this is, either at this time or generally, not helpful. Chemtob (Chapter 16) is helpful in defining 'survival mode' psychological distortions used by individuals as a necessary adaptation. He emphasises the importance of understanding individual specific ways of responding to life events, such as survival strategies. Another question not adequately addressed anywhere is the significance of debriefing-type interventions for those who are psychologically vulnerable or indeed physically ill (see Turner and Kelly, Chapter 18).

Cultural rituals may supplant the need for formal debriefing because these are culturally specific prescriptions that involve similar processes. Weisæth describes this with Fijian peace keepers and Silver &

Wilson (1988) have described this elsewhere with native Americans (see also Chapter 4).

Social structures and class may be influential, as many studies have shown that the well educated and affluent are less vulnerable to negative outcomes, possibly in many different ways. Is debriefing necessary for them and if so what model? Debriefing assumes that all are equal in a group, but ultimately it is often not a group of equals and the interventions may be inappropriate or unnecessary for some and inadequate for others.

Children are a group requiring particular attention, in that the widespread use of debriefing now extends to them, both in school settings and in their families. Wraith (Chapter 14) sensitively analyses some of these issues from the point of view of her experience. She suggests that an individualized approach is essential, taking into account the child's development, family and other contexts. She describes a two-stage model, which is for stressed but untraumatized children, who require an individual approach. Instead she suggests a form of immediate intervention which she sees as 'psychological first aid', followed by 'clinical debriefing'. It is also seen as vital that interventions do not override the natural healing and recovery. As children frequently have little previous learning in how to cope with these stressors such learning may be important for development, as long as it does not damage it. Similar issues may apply with respect to development for adolescents, as Stallard (Chapter 15) suggests, as there are still likely to be cognitive and emotional challenges to be mastered in reaction to severe stress.

Of particular importance in the question of 'For whom?', is that of the roles fulfilled in an incident that is seen to require debriefing. These may be emergency service roles ranging from police, fire and rescue workers, ambulance, emergency medical teams, to those who provide back-up to the front-line workers, those involved in practical tasks of recovery, the body handlers, patients, health care staff, counsellors and so forth. The evidence for the uptake of debriefing is most cogent with the emergency services and military, where its use is now widespread. There is the need for evidence of its value in other settings and a number of trials suggest that it may have little benefit, or even be potentially negative, for those directly involved as victims of accidents (e.g. motor vehicle), burns, general populations affected by disasters such as earthquakes, and so forth. Health care staff may not take up debriefing opportunities in the emergency settings, although they may in mental health settings. Nurses may use debriefing formally but rely on informal networks for their major support. Some studies show no benefit for body handlers (e.g. Deahl, Chapter 7), others suggest benefit in an integrated model (e.g. Alexander, Chapter 8), with more active learning. The general body of information provided by the contributors to this volume and elsewhere would seem to be that if there is benefit for debriefing, it is most likely to be for those who have been trained and briefed for emergency service, military or other paramilitary-type groups that have existing social structures with role differentiation.

Thus at present there is little evidence and few controlled trials to support the traditional format of debriefing, or CISD, even in a CISM framework, as being helpful for all critical life experiences and for everyone involved. The format may be applicable in institutional settings such as the emergency services and the military as a paradigm to change traditional models of coping, when and where this is seen as relevant to mental health outcomes. Even here, however, there must be awareness of individual need, coping styles, and potential negatives. It is therefore critical that research in this field is published in peer-reviewed journals. The emergency services and the military provide ideal settings for research that can examine, in depth, background factors, individual coping styles, and event characteristics and post-event variables, including the range of interventions, to determine possible relationships of any effects to positive and negative outcomes over time. This could validate the scientific reality of the person–environment interactional model and the effectiveness or otherwise of debriefing interventions.

Timing of debriefing interventions

The original model of debriefing emphasized the earliest possible intervention, i.e. in the first 24–48 hours, then at 72 hours and eventually even in the first week post event. As suggested above, this timing may or may