
GUIDELINE 1

Psychological Debriefing for Adults

Description

Psychological debriefing (PD) was widely advocated for routine use following major traumatic events during the 1980s and 1990s. Several methods of PD have been described, including critical incident stress debriefing and multiple stressor debriefing. Most researchers have considered a PD to be a single-session, semistructured crisis intervention designed to reduce and prevent unwanted psychological sequelae following traumatic events by promoting emotional processing through the ventilation and normalization of reactions and preparation for possible future experiences. PD was initially described as a group intervention, one part of a comprehensive, systematic, multicomponent approach to the management of traumatic stress, but it has also been used with individuals and as a stand-alone intervention. Its purpose is to review the impressions and reactions of clients shortly after a traumatic incident. The focus of a PD is on the present reaction of those involved. Psychiatric labeling is avoided, and emphasis is placed on normalization. Participants are assured that they are normal people who have experienced an abnormal event.

General Strength of the Evidence

Identified studies vary greatly in their quality. Overall the quality of studies, including the randomized controlled trials, is poor. Studies included since the first edition's guidelines support and strengthen the original conclusion

that there is no evidence to suggest that single-session individual PD is effective in the prevention of posttraumatic stress disorder (PTSD) symptoms shortly after a traumatic event or in the prevention of longer-term psychological sequelae (Level A). There remains an absence of evidence with regard to group PD. The single identified study of group PD was neutral, suggesting that there is unlikely to be a significant beneficial effect of group PD. Some negative outcomes following individual PD were found, but, overall, the impact of early individual PD was neutral when all the identified studies were considered collectively (Level A).

Course of Treatment

PD has generally been described as a group intervention lasting up to a few hours shortly after (often within a few days of) a traumatic event, and as one component of a critical incident stress management program. It has also been described as a single-session intervention for individuals, and as one component of a treatment package for chronic PTSD.

Recommendations

The current evidence suggests that individual PD should not be used following traumatic events (Level A), and that there is unlikely to be a significant beneficial effect of group PD; therefore, its use is not advocated (Level A). The effectiveness of group PD as a support process for homogeneous groups to enhance unit cohesion and unit performance, and as one component of a package of care such as critical incident stress management have yet to be determined. Given the current state of knowledge, the following steps are advocated.

1. Shortly after a traumatic event, it is important that those affected should be provided, in an empathic manner, practical, pragmatic psychological support and information about possible reactions, and about how to help themselves, how to access support from those around them, and where and when to access further help if necessary (Level C).
2. Any early intervention approach should be based on an accurate and current assessment of need prior to intervention. No formal intervention should be mandated for all exposed to trauma. Use of trauma support should be voluntary, except in cases in which event-related impairment is a threat to an individual's own safety or to the safety of others (Level C).
3. Interventions should be culturally sensitive, developmentally appropriate, and related to the local formulation of problems and ways of coping (Level C).

Summary

The evidence for a neutral overall effect of PD has strengthened since the publication of the first edition of the International Society for Traumatic Stress Studies (ISTSS) guidelines. There appears to be little advantage to investing limited resources into further evaluation of individual or group PD as a single-session intervention. It is not a psychological treatment or a substitute for psychological treatment when indicated. However, it is probable that certain components of PD are helpful. Future research should be on the development of new approaches rather than on PD as a stand-alone intervention. PD should be regarded as an intervention that had good face validity and was appropriate to subject to randomized controlled trials, but that was not shown to be effective in either significantly reducing distress or preventing long-term psychopathology. The PD era should not only inform the development of new interventions, but it should also serve as a stark reminder that psychological interventions can be extremely powerful and cause negative, as well as positive, effects. Therefore future research efforts should focus on evaluating tailored, multilevel systems of care for high-risk populations, such as emergency service workers, as well as on innovative applications of interventions proven to be effective in other posttrauma settings, such as cognitive-behavioral interventions.

Suggested Readings

- Everly, G. S., Jr., & Mitchell, J. T. (1999). *Critical incident stress management (CISM): A new era and standard of care in crisis intervention*. Ellicott City, MD: Chevron.
- National Collaborating Centre for Mental Health. (2005). *Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care*. London: Gaskell/BPS.
- Watson, P. J., Friedman, M. J., Ruzek, J. I., & Norris, F. H. (2002). Managing acute stress response to major trauma. *Current Psychiatry Reports*, 4, 247–253.
- Wessely, S., Rose, S., & Bisson, J. (2005). *A systematic review of brief psychological interventions (“debriefing”) for the treatment of immediate trauma related symptoms and the prevention of posttraumatic stress disorder* [CD-ROM]. Oxford, UK: Update Software.