

## DEBRIEFING

As healthcare professionals we are at times faced with critical events. Critical events can be associated with minor incidents to death and major disability. Critical events may produce a strong emotional reaction and result in common, uncomplicated stress-related reactions to complex post traumatic stress disorder<sup>1</sup>.

Symptoms related to stress<sup>2</sup>:

<b>Physical</b>	Exhaustion, throbbing headaches, dizziness
<b>Emotional</b>	Grief, anger, depression, irritability, fear, anxiety, suicide
<b>Cognitive</b>	Confusion, nightmares, poor concentration, memory loss
<b>Behavioural</b>	Restless, drug/alcohol abuse, change in appetite, loss libido, withdrawal from environment

Debriefing should be an essential component of critical event stress management. How is this done?

- Peer derived, therapist or facilitated approach
- Designed to promote recovery of individuals, alleviating stress related responses to such events.
- Assist in the readjustment process
- Prevent potential long term effects

The Mitchell model of debriefing is a well known model used in adverse events support for healthcare staff and incorporates 7 phases for stress reduction. The main objectives of debriefing are to mitigate the impact of the incident on staff health, whereby staff are able to return to routine functions. Debriefing should occur within 2-14 days of the event, focusing on the psychological and emotional aspects of the event<sup>1</sup>.

The introduction of debriefing requires a team approach that provides support to individuals exposed to traumatic events.

<b>Introduction</b>	Establish relationship
<b>Fact</b>	Provide facts
<b>Thought</b>	Explore emotional aspect of incident
<b>Reaction</b>	How did people react to the incident
<b>Symptom</b>	Range of symptoms/ feelings individuals are experiencing
<b>Teaching</b>	Critical incident stress, reactions, and techniques used to destress are explained
<b>Re-Entry</b>	Expand relevant points that are important, answer questions. Summary of debrief

1. Mitchell, J. T., & Everly, G.S. (1993), as cited in Burns, B. (2016). Caring for Colleagues through debriefing. Kai Tiaki Nursing New Zealand. 22(8). Pg 12-14.  
 2. Vaithilingam, N., Jain, S. and Davies, D. (2008), Helping the helpers: debriefing following an adverse incident. The Obstetrician & Gynaecologist, 10: 251–256. doi:10.1576/toag.10.4.251.27442