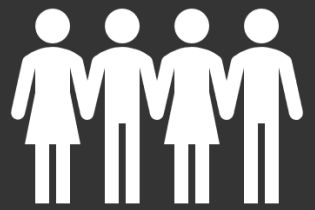


Crisis Debriefing

- Advisors -

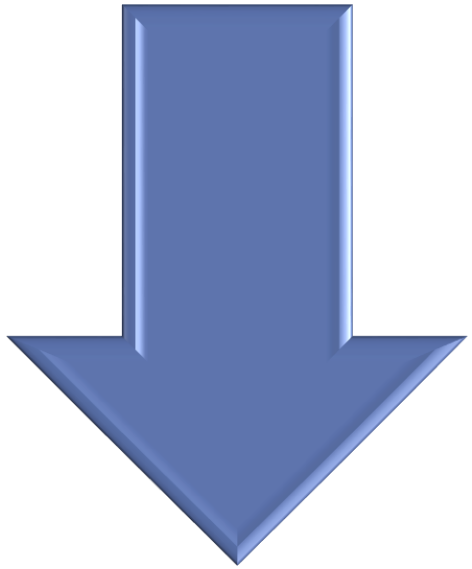
What is a Debriefing?

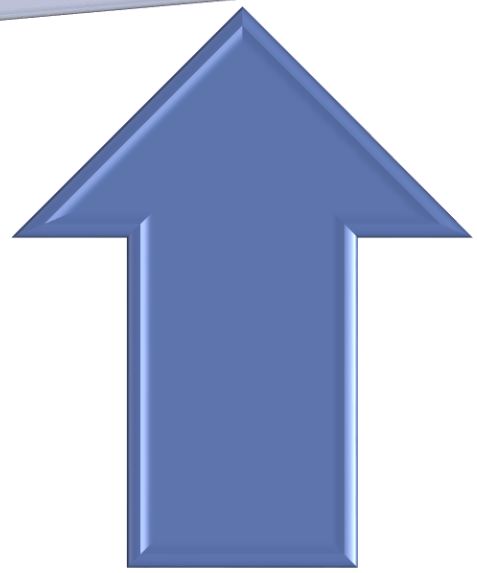
What is NOT a debriefing?

An intentional, structured group meetings or discussions about a traumatic event

Includes psychological and emotional benefits.

It is meant to provide an opportunity for ventilation and for learning in a structured and supportive environment.





A debriefing is not counseling or psychotherapy, nor is it a substitute for them.

It is not an opportunity for the listener to satisfy their curiosity or to share their own story.

It is not a social event.

It is not a political/religious/current affairs… debate.

It is not intended to resolve psychopathologies or personal problems that existed before the traumatic incident being debriefed.

Where? How? For how long?

- Debriefing will happen during the first advisory period in Hybrid mode. It will address the Beirut Blast crisis and can take more than one session. Additional sessions can be made to address different topics depending on the needs of the students.
- **The 'Debriefer' should carefully listen and evaluate the thoughts, mood, affect, choice of words, and perceptions of the students and look for potential clues suggesting problems in terms of managing or coping with the tragic event upon impact and in the near future.**
- **You are ADVISORS = good listeners, you are someone the students feel safe with, someone they trust, and you have all been, or are going through the same incident.**
- The debriefer will use the **supporting tools** (provided by the counselor in previous email) : The modified Crisis Debriefing format, the Trauma Response Timeline and the Responses to Trauma -and other documents that can help them move forwards with the questions and give structure to the discussion.

Crisis Debriefing Format

(Adapted from MMCT training from Dr. Karen Carr – *BHS Modified Version*)

1. **Introduction**
   a. Introduce Self
   b. Purpose of Debriefing

2. **Facts**
   a. What happened? (before, During and After)
   b. Try to ask open ended questions based on their stories.

3. **Thoughts**
   a. What went through your mind as this was going on?
   b. What were you thinking immediately following the blast?
   c. What are you thinking now?
   (Often people struggle with regrets… "if onlys" and "Should haves" , try to listen and give space for venting, avoid giving answers.)

4. **Sensations and Emotions**
   a. Any snapshot that stands out to you?
   b. Something you saw or heard that is particularly troubling?
   c. What was the worst part for you?
   d. What were you sensing/feeling then? *(physical sensations and emotions)*

5. **Lessons**
   a. Normalize: *Make them know and feel that whatever they felt or thought is normal, they are not overreacting.*
   b. Provide list of Common Reactions
   c. How do you think this experience has affected you?
   d. Did you or are you currently experiencing any of these?

6. **Coping strategies and Future planning**
   a. How are you doing now?
   b. How do you relax, manage stress, best? What has worked well in past for you?
   c. Who are your main supports?
   d. What do you need in the coming days? *(Ask or try to find out how can you support?)*

7. **Conclusion**
   a. Questions or Comments
   b. Summarize the debriefing (Validate how well they are doing, try to end on a positive note…)
   c. How are you feeling now*? (It's Ok if they feel worse now since it brought difficult memories to mind)*

Development Responses to Trauma

Age	Common Reactions	Warning Signs (after first week or two)	Care to Provide
Young Children	Sleep disturbance, separation anxiety, less playful, "clingy," regression (speech, toilet training), replaying of event in play, fearful, complains of body aches, afraid to be alone	Eating poorly, nightmares, inconsolable crying, weight loss, listlessness, lost desire to play, passive, continued toileting accidents, unable to seek or receive comfort	Routine; Together—Playing, drawing, reading stories; Reassure event is over and they are now safe; Give opportunity to share what they are thinking/feeling; Informing them of where you will be and your safety; allow regression for first week or two (sleep in parents room, light on)
Older Children	Sleep disturbance, feels unsafe, sad, concern for loved ones, preoccupied with their own actions during the event, guilt, constant retelling of the event, constant questioning, concentration problems, head/stomach aches, aggressive behavior	Unable to convince of safety, significant mood/personality changes, extreme responses to reminders of event, not able to trust caregivers, doesn't enjoy activities previously enjoyed, hyper-focus on their role in trauma	Opportunity to express (and normalize) fears, sadness, anger and worries about themselves and loved ones; limit media exposure; give opportunities to make their own choices; plan recreational activities together
Adolescents	Sleep disturbance, self-conscious about handling of the event, feeling vulnerable and fearful, withdraw, guilt, anger, think about retribution, accident prone, distracted, reduced eye contact, anxious	Hopelessness, socially isolating, extremely reactive (uncontrollable anger outbursts), increased escape behaviors (excessive gaming, episode binges), insomnia, pessimistic world view, suicidal, addictions, significant personality change	Opportunity to talk about the event, if it could have been prevented, impact on them and others; Validate strong emotions and connect to event; Share your own experience of event (to normalize); Connect them to healthy supports; encourage physical outlets

Dr. Alex Galloway—www.SentWell.org

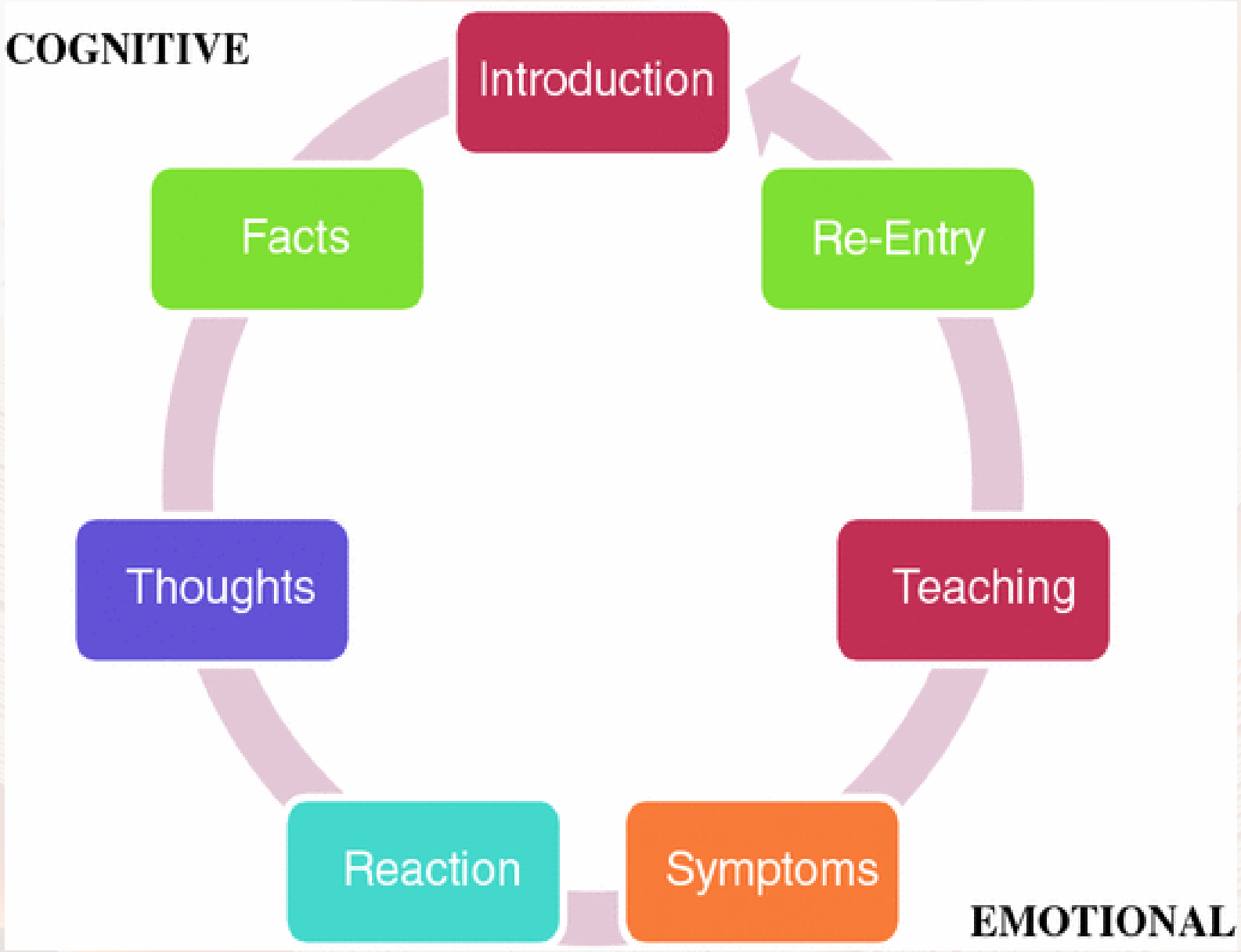
Trauma Response Timeline

	Days	Weeks	Months	
			Unhealthy Response	Healthy Response
Emotional	Shock, numb, extreme fear	Intense feelings, unpredictable mood, anxious	Extremes: Shut down or completely overwhelmed, out of control, strong shame	Intense feelings come in waves, beginning to mourn the losses, anger, sadness
Mental	Denial, confused, disoriented, dissociating	Can't stop thinking about it, images, nightmares, forgetful	Blame self, giving up, suicidal, can't make decisions, hopeless, feel helpless	Seeking answers, addressing the fears, signs of hope, more reflective but not stuck in past
Physical	Agitated, restless, anxious, heart racing, lack of feeling	Sleep problems, nausea, headaches, exhaustion, body aches	Drugs or alcohol, not eating, sleeping too much/little, risky behaviors, adrenaline "highs," weight loss, isolating, over-activity	Begin feeling "normal" again, taking care of self/others, sleep starts normalizing and physical symptoms diminish
Relational	Afraid to be alone, need trusted friends/family near or with them for even basic activities. May be clingy, need lots of physical touch from those closest to them (depending on trauma).	Talking about incident all the time, fluctuating between wanting people close and avoiding people, annoyed with casual acquaintances.	Withdrawing, isolating themselves, continues to avoid usual social activities, or, increasingly conflictual, distrustful; may engage in unusual or high risk social behaviors	Engaging social supports, connected with loved ones, taking advantage of one or two close supports, returning to normal relational activities.
Spiritual	Disconnected, unsure, distant, "dead inside", unavailable to God	Hurt, anger, fearful of losing faith, questions emerging, confusion, desperation, begin to ask "Why?" and "Where was God"	Given up on God, not worth engaging with God, or, oversimplified/spiritualized answers, artificial faith and forgiving too quickly	Accessing God and spiritual community for support/coping. Dealing honestly with spiritual struggles, finding hope, open to forgive
Intervention: What to Do	Be present, help them feel safe, problem solve for them, attend to basic needs, comfort and make physical contact when appropriate	Educate about trauma reaction. Normalize and validate their experience. Reassure of safety and highlight things they did right. Encourage a daily routine. Permission to feel.	Help them connect their current struggles to the trauma, validate where you can and assist them in obtaining professional help.	Encourage talking about the event, teach stress management. Help them establish safety and stability within (body, mind, spirit, emotions) and surroundings (home, relationships)
Intervention: What NOT to Do	Do Not…Panic with them, Pressure them to talk, Get them to express their feelings or Teach them about trauma	Do Not… Give false hope. Answer their questions of "Why?" or talk unnecessarily	Do Not… Think you are the only one that can help them, Assume you know what they need most, press them to "forgive and forget"	

Why?

- Debriefing can help **prevent the concretization of traumatic events,** allows the **ventilation of emotions ,** and **assists in processing the experience** so as to gain perspective.
- Debriefing is an opportunity **to verbally** reconstruct and express specific traumas, fears and regrets which also leads to reduced stress arousal.
- Debriefing provides **group support**: The group experience provides numerous healing factors which are intrinsic to the group process, i.e. dispel the fallacies of abnormality and uniqueness of reaction (share the experience…)
- Debriefing introduces the concept of **Stress education and self-care strategies**: Allows for a better understanding of available skills to cope with stressful situations/ provides reassurance that the stress response is common and controllable and that recovery is likely…
- Debriefing can help establish **positive contact** with between the students and their advisors (bonding) and other mental health professionals.
- Debriefing allows **follow-up**: individuals in need of further care can be more readily identified.

The Phases


COGNITIVE
Introduction
Re-Entry
Teaching
Symptoms
EMOTIONAL
Reaction
Thoughts
Facts

The Phases

1. Introduction:

The debriefer will:

- Introduce her/himself and explain the process,
- Highlight that the debriefing is not an investigation,
- Alleviate fears,

- Explain the rules*: i.e. No one should be criticized for how they feel. Instead they should be allowed free expression of feelings with acceptance, support, and understanding from each other – No recording or notes allowed…*
- Encourage participation,
- Answer questions,
- Announce the commencement of the fact stage

The "debriefer" assesses individuals' situational involvement and degree of exposure to the critical incident or event. They may wish to moderate the discussion by giving the mostly affected one (highest 'degree of exposure') the chance to start first with the next phase.

Ethically, participation in debriefings should always be voluntary, and ultimately it is best to respect a person's wishes and gently continue to offer hep. However, all group members need to respond to this first phase.

2. Facts:

Students are encouraged to describe the traumatic event from their perspective.

- This phase proceeds in an orderly fashion from participant to participant to try and give everyone an opportunity to make a contribution.
- This is the most logical way to start a discussion about a traumatic incident because discussions of facts are not as distressing as attempting to talk about feelings.
- When participants in a debriefing are asked to describe the facts of the situation and they begin to express their emotions, it is a sign of how badly they have been affected by the incident.

3. Thoughts:

- Led by the facilitator, again in an orderly fashion, the group examines its thoughts and responses to the event experienced.
- This phase represents a transitional phase from the cognitive domain to the affective (emotional) domain and it is intended to allow participants to shift from a description of the facts to one of their emotional reactions. This phase personalizes the experience for the participant. It makes it part of them rather than a collection of facts outside of them.

4. Reactions (emotions & sensations):

- This phase sets out to allow participants to identify the most traumatic aspect of the incident for them and the associated emotional reactions to the trauma.
- It is typically the most emotionally charged phase of all and it is triggered by a question like, "What part of this event bothered you the most?"

The Phases

The Phases

5. Symptoms: ***('#5-Lessons' on the Debriefing Format)***

- This is another transitional phase where the group moves from the affective (emotional) domain back to the cognitive domain.
- The goal of this phase is to identify personal symptoms of stress now that some time has elapsed since the event, individuals may be experiencing symptoms.
- The phase is initiated when the advisors asks the participants to describe any cognitive, physical, emotional or behavioral experiences which they have encountered and to delineate when these symptoms occurred*, i.e., at the scene of the incident, after the incident and before the debriefing, and/or after the incident and are still present at the time of the debriefing.*
- **This phase can also be considered a 'teaching' phase (hence the 'lessons' title on the Debriefing Format) since the participants are learning the common responses one can have after a traumatic event and what stress symptoms they can expect.**

6. Teaching: ***('#6-Coping strategies & future planning' on the Debriefing Format)***

- This phase tends to flow naturally after the symptoms phase and its goal is to educate the students about crisis stress and its management and to motivate them into future-planning and finding appropriate coping strategies.
- At the end of the teaching phase, the advisor may enquire from the group if there is anything that happened during the incident which makes them feel in any way positive even though the overall incident might have been a very horrible one.

CRITICAL INCIDENT STRESS INFORMATION SHEETS

You have experienced a traumatic event or a critical incident (any event that causes unusually strong emotional reactions that have the potential to interfere with the ability to function normally). Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite *normal*, for people to experience emotional aftershocks when they have passed through a horrible event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, a few months, or longer, depending on the severity of the traumatic event. The understanding and the support of loved ones usually causes the stress reactions to pass more quickly. Occasionally, the traumatic event is so painful that professional assistance may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself/herself.

Here are some common signs and signals of a stress reaction:

Physical*	***Cognitive***	***Emotional***	***Behavioral***
chills	confusion	fear	withdrawal
thirst	nightmares	guilt	antisocial acts
fatigue	uncertainty	grief	inability to rest
nausea	hyper-vigilance	panic	intensified pacing
fainting	suspiciousness	denial	erratic movements
twitches	intrusive images	anxiety	change in social activity
vomiting	blaming someone	agitation	change in speech patterns
dizziness	poor problem solving	irritability	loss or increase of appetite
weakness	poor abstract thinking	depression	hyper-alert to environment
chest pain	poor attention/decisions	intense anger	increased alcohol consumption
headaches	poor concentration/memory	apprehension	change in usual communications
elevated bp	disorientation of time, place or person	emotional shock	etc…
rapid heart rate	difficulty identifying objects or people	emotional outbursts	
muscle tremors	heightened or lowered alertness	feeling overwhelmed	
shock symptoms	increased or decreased awareness of surroundings	loss of emotional control	
grinding of teeth	etc…	inappropriate emotional response	
visual difficulties		etc…	
profuse sweating			
difficulty breathing			
etc…			

Any of these symptoms may indicate the need for medical evaluation. When in doubt, contact a physician.

THINGS TO TRY:

- WITHIN THE FIRST 24-48 HOURS – periods of appropriate physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- Structure your time; keep busy.
- You're normal and having normal reactions; don't label yourself crazy.
- Talk to people; talk is the most healing medicine
- Be aware of *numbing* the pain with overuse of drugs or alcohol, you don't need to complicate this with a substance abuse problem.
- Reach out; people do care
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Keep a journal; write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Do make as many daily decisions as possible that will give you a feeling of control over your life, i.e., if someone asks you what you want to eat, answer them even if you're not sure.
- Get plenty of rest.
- Don't try to fight reoccurring thoughts, dreams or flashbacks – they are normal and will decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

FOR FAMILY MEMBERS & FRIENDS

- Listen carefully.
- Spend time with the traumatized person.
- Offer your assistance and a listening ear if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are "lucky it wasn't worse;" a traumatized person is not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

7. Re-entry / Conclusion:

A ‘’wind-down" phase which seeks to bring closure to the meeting.

This phase is to clarify issues, answer questions, summarize, and provide psychological closure. The summary comments made by the advisor are usually words of respect, encouragement, appreciation, support and direction.

Post-Debriefing

- Make sure that students are not psychologically distressed.
- Contact relevant person for referral of students in need (HoS, VPP, Counselor…)
- A possible **post-debriefing meeting** can be a necessity and during which the advisors can explore what happened and what was done during the debriefing so that we can learn from the experience (the number of persons debriefed, a brief description of the incident that was debriefed, general themes discussed in the debriefing, a summary of the advices given to participants by the debriefing team, suggestions…)

The Phases

Comply with the above mentioned basic debriefing protocol and techniques yet adopt a flexible approach to the guidelines: the Format does not have to be a Checklist!

Avoid Political debates, blame-games and irrelevant information.

Be sensitive !

Good Luck!

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