



This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

The Debriefing



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This program, The Debriefing, by Chad Curry, NREMT-P, LP, was recorded at a live presentation.

Goals

- Examine both an informal debriefing and a Critical Incident Stress Debriefing (CISD)**
- Discuss productive ways to debrief and defuse potential life changing situations**
- Explore a CISD session of a fictional event, gaining insight into the actual process**
- Discuss signs and symptoms of stress that may be related to a recent traumatic event**

You are not trying to peel away the layers...

Compassion in action!

The Differences Between Debriefing and CISD:

Debriefing: An informal general discussion with the people involved in the patient's care. This should occur soon after any stressful event.

A key benefit of debriefing: Quickly identify and prevent the negative impact that a critical event can have on health care providers¹

¹ Arriaga AF, Szyld D, Pian-Smith MCM. Real-Time Debriefing After Critical Events: Exploring the Gap Between Principle and Reality. *Anesthesiol Clin*. 2020;38(4):801-820. doi:10.1016/j.anclin.2020.08.003

The Differences Between Debriefing and CISD:

CISD: Critical Incident Stress Debriefing (CISD) is a more formalized 7-phase, small group, supportive crisis intervention process^{1,2}

- **It is a key part of a Critical Incident Stress Management (CISM) program**
- **Does not constitute any form of psychotherapy and it should never be used as a substitute for psychotherapy**

¹ Mitchell, JT. Critical Incident Stress Debriefing (CISD). Available from <http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>. Accessed on June 7, 2022.

² Critical Incident Stress Guide. Occupational Safety and Health Administration. US Department of Labor. Web page: <https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress>. Accessed on June 7, 2022.

The Differences Between Debriefing and CISD:

- **Follows a set of formalized protocols and should be led by a certified CISM facilitator**
- **A mental health professional should also be present**

¹ Mitchell, JT. Critical Incident Stress Debriefing (CISD). Available from <http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>. Accessed on June 7, 2022.

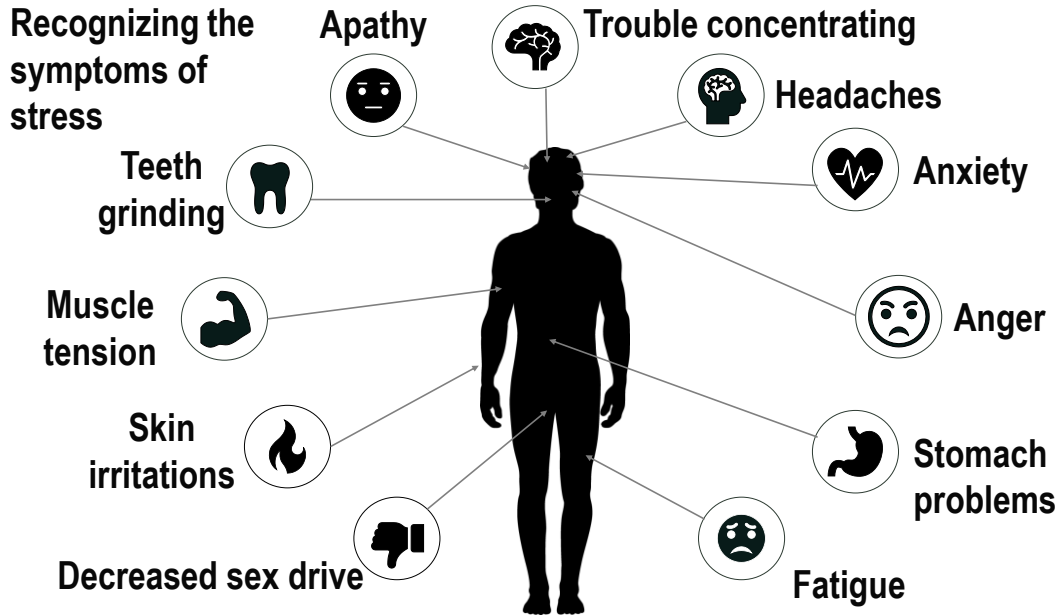
² Critical Incident Stress Guide. Occupational Safety and Health Administration. US Department of Labor. Web page: <https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress>. Accessed on June 7, 2022.

The Seven Phases of CISD:¹

Phase	Topic	Description and goals of this phase:
1	Introduction	Brief introduction by all involved. Goals are described and confidentiality reassured. A reminder is given that participation is voluntary, and that this is a NO FAULT meeting.
2	Facts	Willing participants offer brief facts about their roles and observations of the event.
3	Thoughts	Addresses the thoughts that developed after emerging from “autopilot mode” in care.
4	Reactions	<i>“What is the very worst thing about this event for you personally”</i> . Emotions may run high here.
5	Symptoms	<i>“How has this tragic experience shown up in your life”</i> ? Participants can describe symptoms they’re experiencing and effect on their personal or professional lives.
6	Teaching	The CISD team explains the basis of the participants’ reactions, the “whys” about them, and offers stress management information to help manage the symptoms and their impact.
7	Re-Entry	The participants may ask questions or offer final statements. The CISD team summarizes what has been discussed and provides follow-up resources and guidance.

¹ Mitchell, JT. Critical Incident Stress Debriefing (CISD). Available from <http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>. Accessed on June 7, 2022.

**Just because someone needs or requests a
debriefing...
THIS DOES NOT MEAN THEY ARE BROKEN!
They are simply human**



What about the child...

Signs and symptoms of unresolved stress in children

Physical signs:

- Decreased appetite
- Headaches
- Chest pain
- Excessive perspiration
- Nightmares
- Sleep disturbances
- Bed wetting
- Vague stomach pain

Emotional signs:

- Frequently worries
- Unable to relax; fidgety
- Clingy or withdrawn
- Anger
- Crying more
- Increasingly emotional
- Has difficulty concentrating

Stress Coping – Adults¹

- **Disbelief**
- **Feelings of fear, shock, anger, sadness, worry, numbness, or frustration**
- **Changes in appetite, energy, desires, and interests**
- **Difficulty sleeping or nightmares, concentrating, and making decisions**

¹ Critical Incident Stress Guide. Occupational Safety and Health Administration. US Department of Labor.

² Web page: <https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress>. Accessed on June 7, 2022.

Stress Coping – Adults¹

- **Physical reactions, such as headaches, body pains, stomach problems, and skin rashes**
- **Worsening of chronic health problems**
- **Worsening of mental health conditions**
- **Increased use of tobacco, alcohol, and other substances**

¹ Critical Incident Stress Guide. Occupational Safety and Health Administration. US Department of Labor.

² Web page: <https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress>. Accessed on June 7, 2022.

Stress Coping - Children

- **Anger/aggression:** Their frustration with an uncontrollable situation can often be misplaced and directed at people
- **Crying:** A natural emotional release
- **Escape:** Focuses on a specific activity (such as video games) to avoid a stressful situation or pretend it doesn't exist
- **Information seeking:** Desires to know more about a situation in order to process it - some adults don't want information-seeking children to have a lot of details, but access to those details can help the child cope

Stress Coping - Children

- **Rebelliousness:** Reasserting independence in order to gain some control.
- **Regression:** Returning to old routines or behaviors that remind a child of a time when life seemed easier.
- **Selective silence:** Choosing not to talk.
- **Submission:** Becoming passive or withdrawn.
- **Use of fantasy:** A child may view himself or herself as a "superhero" or immortal. Can lead to dangerous stunts.
- **Play:** Some children talk about feelings or reenact real-life situations through play.

How to Help Someone Who is Not Processing the Trauma Well

- **Watch for signs of increasing stress**
- **Call and check, but do not smother**
- **Assure there is a support system available**
- **If the person describes the stressful event, do not argue about the facts or faults, simply listen and allow them to vent**
- **Consider mentioning a pastoral visit or counseling resources**
- **Suicide is real. Suicide hotline: 1-800-273-8255 or dial 9-1-1**

**Learn how to debrief for your own
mental health**

A Simulated CISD Meeting

Please take a few minutes to watch this video:

<https://vimeo.com/718036220/597c0fa2c2>



The Debriefing **Chad Curry, NREMT-P, LP**

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