


PSYCHOLOGICAL DEBRIEFING AND POSITIVE STORY TELLING

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JULIE'S JOB & BACKGROUND




- Consultant Clinical Psychologist
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- Background in numerous medical settings
- 4 years critical care
- 0.8WTE Critical care- adult and paed

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TO DEBRIEF OR NOT TO DEBRIEF...THAT IS THE QUESTION...OR IS IT?

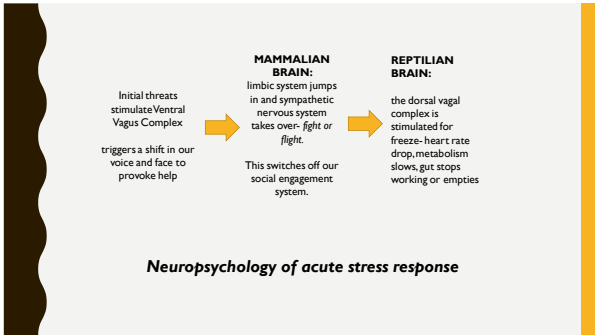
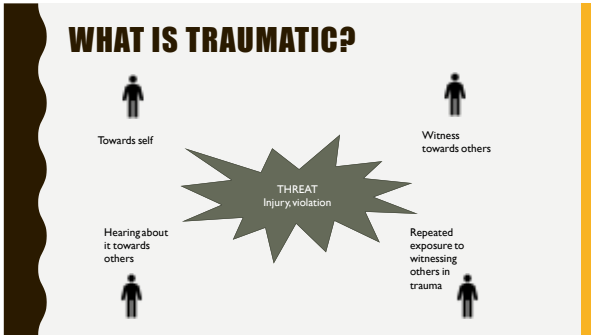
- Do we know what we are asking for when we ask for debriefing?
- Clinical debrief vs psychological debrief
- Debrief vs Support
 - To help staff perform?
 - To recognise errors?
 - To offer support?
 - To prevent psychological trauma?
 - To improve treatment approaches?



Psychological trauma

is the unique individual experience of an event or enduring conditions, in which the individual's ability to integrate his/her **emotional** experience is overwhelmed,


or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity



Acute stress response	Acute Stress Disorder	PostTraumatic Stress Disorder
transient	Must be present from 3 days-4 weeks	After one month Must be present for 4 weeks +
Worried Scared Confused disorientated Talking about the experience Bad dreams Distressing thoughts Remembering vividly Physical sensations This usually passes within two weeks	At least 8 of: 1. Numbing 2. Altered sense of reality of their environment 3. Inability to remember at least one important aspect of the traumatic event 4. Recurrent distressing memories of the event 5. Recurrent distressing dreams 6. Feels or acts as if the traumatic event were reoccurring (dissociative reaction) 7. Intense or prolonged psychological distress or physiological reaction 8. Persistent and effortful avoidance of reminders 9. Disturbed sleep 10. Hypervigilance 11. Irritability, anger, or aggressive behaviour 12. Exaggerated startle response 13. Agitation or restlessness	all of the following: 1. At least one intrusion symptom 2. Persistent avoidance of stimuli associated with the traumatic event(s), 3. negative alterations in cognitions and mood 4. alterations in arousal and reactivity 5. Impacts functioning

DEBRIEF COMPONENTS

- Be accurate in your definition of which type of debriefing you are utilising- not following protocol can put individuals at risk
- Information, advice, guidance – practical, emotional and social support**
- Must be based on assessment of individual/group context and needs
- Individual/group needs can only be assessed and accessed through sensitively facilitated discussion of circumstances and context
- Discussion must by default include the experience and emotional reactions
- Facilitators must be trained, usually at least one a mental health professional



WORKPLACE TRAUMA SUPPORT EXAMPLES

- Employee Assistance Providers
- Occupational health services
- Critical Incident Stress Management (CISM) Mitchell 1983
- Critical Incident Stress Debriefing (CISD)
- Psychological Debriefing (PD)
- Trauma Risk Management (TRiM) Jones & Roberts 1999
- Crisis Intervention
- Psycho-social support
- Psychological First Aid
- Peer group support

NICE PTSD (2005/ 2013)

- we do not recommend that systematic, brief, single session interventions that focus on the traumatic incident are provided individually to everyone who has been exposed to such an incident.*
- However, we do recommend the good practice of providing general practical and social support and guidance to anyone post-incident.
- Acknowledgements of the psychological impact of traumatic incidents should be part of health and social care workers' response to incidents.
- Support and guidance is likely to cover reassurance about immediate distress, information about the likely course of symptoms, practical and emotional support in the first month after the incident."



SOCIAL SUPPORT AND TRAUMA AT WORK

- Overwhelming evidence from 30 years of research – social support is a major protective factor following life events/trauma
- Types of social support – informational, practical, and emotional.
- Type of social support required – function of context and individual needs – vary over time; importance of matching support provision to needs.



AIMS OF WORKPLACE TRAUMA SUPPORT:

- A practical means of *providing social and organisational support*
- Helps contextualise the traumatic experience
- Facilitates emotional processing
- Helps challenge perceptions of guilt, self-blame where present
- Facilitates and encourages the use of appropriate coping strategies
- Facilitates early help seeking – thus hopefully preventing possible psychological complications in the longer term
- Helps to ameliorate the impact of the traumatic event



STORY TELLING: DETOX NOT DEBRIEF

Reflective case and situation
discussion

- E.g. Schwartz Centre Rounds
- E.g. Appreciative Inquiry

Participant led
Allow opt out
Not enforced
Resonant

The story will emerge



SCHWARTZ ROUNDS

- Schwartz Center Rounds® are meetings that enable healthcare professionals to share their experience of caring for patients, and to acknowledge and explore the pressures that they face, in order to help them carry out their role more effectively.
- They are well regarded and well tested
- Evidence suggests that when staff feel positive about the care they are offering and feel that they are supported in providing that care, this has benefits for them, the patients, and the organisation as a whole.
- Staff who have attended Schwartz Rounds report that their ability to provide compassionate care has improved and that relationships between staff and their experience of team working have improved
- Each Round is based on a patient case that raises specific issues for those caring for the patient. A panel presents the case in relation to a particular topic – for example, 'giving bad news' or 'being caught between the patient and their family'. A trained facilitator then leads a discussion.