

***Resource Guide for Critical
Incident Stress and Debriefing
in Human Service Agencies***

*Human Resources Branch
Department of Human Services
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Preface

Minimising staff stress is a major management issue

The provision of high standard community services is dependent on the quality and continuity of the relationship between clients and staff. In keeping with this view, minimising staff stress and burnout in the human services area has become a major management issue. Particular attention has recently been given to assisting staff to deal with personal or professional difficulties following incidents that involve intense and unusual demands.

Purpose of the Resource Guide

The resource guide has been developed by the Department of Human Services as a learning tool for non-government organisations. The guide describes critical incidents and the critical incident stress approach that is currently used throughout the Department, discusses strategies to mitigate critical incident stress, and offers management models to assist human services agencies in the support of staff involved in stressful and traumatic incidents in the workplace.

Use of the Resource Guide

The guide is designed for use by non-government organisations wishing to apply critical incident stress management approaches and techniques to existing or planned employee support service structures.

Feedback

Feedback from users of the resource guide is encouraged. A questionnaire for this purpose is provided at attachment 13.



Contents

1. Understanding Critical Incident Stress	1
1.1 Critical Incidents	1
1.2 Critical Incident Stress	2
1.3 Experiences and Incidents that Cause Critical Incident Stress	3
1.4 The Impact of Critical Incident Stress	6
1.5 Recovery from Critical Incident Stress	8
2. Principles of Critical Incident Stress Management	11
2.1 Critical Incident Management	11
2.2 Prevention Strategies	17
3. Dealing with Critical Incident Stress in the Workplace	19
3.1 Immediate Personal Support	19
3.2 Debriefing	22
3.3 Follow-Up	25
4. Models Of Debriefing Services	27
4.1 Developing Debriefing Service Structures	27
4.2 General Debriefing Protocols	30
4.3 Boundary Problems for Developing Debriefing	33
Attachments	35
1. Select Bibliography	37
2. Assessment and Establishment of Debriefing	39
3. Assessment of the Incident: Useful Questions for Coordinators	41
4. Assessing the Need for Defusing and Debriefing	43
5. Planning Debriefing Sessions	45
6. Summary of Demobilisation, Defusing and Debriefing	47
7. Description of Critical Incident Stress	49
8. Signs and Symptoms of Critical Incident Stress	51
9. Description of Traumatic Stress	53
10. Symptoms of Traumatic Stress	55
11. Typical Roles/Responsibilities of Coordinators (Staff Debriefing Model)	57
12. Glossary	59
13. Feedback Questionnaire	61



1. Understanding Critical Incident Stress

1.1 Critical Incidents

1.1.1 What Is a Critical Incident?

Critical incidents can be defined as events or situations 'that have sufficient emotional power to overcome the usual coping abilities of people working in environments where some degree of exposure is expected', (Mitchell & Bray, 1990).

Critical incidents may be single events or cover a protracted period

Such incidents fall outside normal professional routines, pose a significant threat to the participants or others, or they include particular factors likely to increase their stressful nature. They make intense demands on emotions and other coping skills of workers and may be single events, a protracted period of difficulty, or a series of less intense occurrences in succession.

Individuals or groups including those in management positions may be affected

Critical incidents are characterised by demands for which staff may not have been prepared, go beyond their role specifications, or are outside their normal routine. These incidents may also affect a group of staff in an agency, unit or work setting, and those in management positions associated with them. Those affected may all be directly involved in the events, or they may be affected by what has happened to one of their number, or their agency as a whole.

1.1.2 Other Critical Situations

Critical incidents can also be created by a range of related problems

Critical incidents are usually discrete events. However, high stress levels may also be created by a range of other related problems. Chronic stress situations, the accumulation of a series of less intense incidents and the presence of organisational stress are all likely to cause similar symptoms in the staff involved.

1.2 Critical Incident Stress

1.2.1 What Constitutes Critical Incident Stress?

Normal stress is part of everyday life

It is acknowledged that human service work is highly stressful and, under normal circumstances, the usual degree of stress can be accommodated by individuals. Normal stress is a part of everyday life and staff can develop a variety of strategies and techniques to manage it. In fact, some degree of stress is considered essential to maintain interest and stimulation in the work environment.

Many situations may evoke stress that is over and above what is regarded as normal

However, there are many situations that may evoke stress over and above that regarded as normal. These circumstances usually involve some degree of personal or professional threat and often present situations that cannot be managed with routine practices. They are termed *critical incidents* and the stress evoked by them is called *critical incident stress* (CIS). These terms were first developed by Jeffrey Mitchell for programs to reduce stress in emergency workers in the USA and have now passed into general use.

1.2.2 What Does Not Constitute Critical Incident Stress?

Serious and traumatic incidents sometimes require additional assistance

Experience has shown that when very serious and traumatic events occur, the staff involved are at high risk for developing post-traumatic stress disorder (PTSD). Although debriefing and associated interventions may prevent the development of symptoms in less intense cases, it does not seem to do so in severe cases. As such, staff usually need additional assistance such as rapid access to treatment from trained trauma counsellors or mental health clinicians. A theoretical model to assist in distinguishing these reactions has been developed for human service work (Gordon, 1995).

Difference between critical and traumatic incidents

Critical incidents refer to those events that generate reactions which are likely to benefit from debriefing, while traumatic incidents refer to those which require more intensive clinical services. For further descriptions of critical and traumatic incidents see attachments 7 and 9.

Examples that have been linked to CIS

1.3 Causes of Critical Incident Stress

Some examples that have been found to be important in the linkages to CIS are listed under the following headings:

- Incidents involving individuals that may also affect the group.
- Incidents that involve a group.

1.3.1 Incidents Involving Individuals that May Affect a Group

- The incident is outside the range of normal professional expectations or experience
- There is threatened or actual death or injury to clients or staff.
- It involves a complex situation where success is not possible.
- The incident resembles or triggers past personal experiences (for example, victims resemble family members, or have been through something similar in the past).
- There is conflict with other agencies involved in the incident.
- There is legal involvement.
- There is extended involvement over time.
- There are ambiguous or conflicting roles in relation to the incident.
- There is criticism of performance by self or other, or being otherwise undermined or deskilled.
- There is a lack of availability of personal or professional support.
- There is inadequate or misguided management.
- Abuse or violence is directed at workers by the client or client's relatives.
- Death threats are made to staff by the client or client's relatives.
- A staff member is identified in the media and associated with a case or incident.

1.3.2 Incidents Which Involve a Group

- Staff are involved in major disaster recovery and support work.
- The work unit is criticised in media.
- There is a hold up or office personnel are taken hostage.
- There is a bomb threat, fire or evacuation.
- An office is suddenly closed.
- There is a reorganisation or redundancies.

1.3.3 Additional Indicators

A range of factors may trigger a CIS response

In addition to these general indicators, there can be a range of other incidents, which although not as severe or unusual in themselves, may associate with an individual's past experience and trigger a CIS response. These are listed as the:

- Personal factor.
- Meaning factor.
- Severity of the impact may be not evident to others.
- Context and other concurrent stresses.

A personal factor may determine the need for CIS management

The Personal Factor

A CIS response may be triggered by the reactivation of a previous and unresolved CIS situation, or it may activate a personal vulnerability that may not be immediately apparent to the individual involved or managers. Often, during the course of debriefing these relationships become recognised and appropriate assistance can be sought. Therefore, it is important not to neglect the possibility that a personal factor may determine the need for CIS management in a particular case.

CISM strategies assist in separating the incident-related aspects of the reaction from other personal responses.

Some individuals may also have personal vulnerabilities that render them susceptible to particular types of incident. For example, staff who have experienced traumatic events, losses or other disruptions in their personal lives may find managing their reactions to a critical incident complicated by personal reactions. Other staff may have other personal disabilities or problems that may be aggravated by critical incidents. Critical incident stress management (CISM) strategies assist in separating the incident-related aspects of the reaction from these other personal responses.

The most important determinant of stress is the perceived meaning of the situation to the person concerned in it

The Meaning Factor

The most important determinant of stress is the perceived meaning of the situation to the person concerned in it. Where this meaning is determined as threatening, a CIS response will occur irrespective of the objective facts. A person who feels threatened with death initiates a variety of physical and psychological stress responses that may develop into CIS or traumatic stress. If at a later time it is shown that their interpretation of the situation was mistaken and their life was not in danger, the stress response is likely to be complicated but not necessarily removed. Particular care needs to be taken to discover the meaning of events for the people involved in them so their risk for CIS and need for support can be properly identified.

A person's understanding of their reaction and their appreciation of their needs may sometimes be mistaken

The Severity of the Impact May Be Not Evident to Others

An aspect of the CIS or traumatic stress response is that the person's understanding of their reaction and their appreciation of their needs may be mistaken. This can be due to the fact that they have not experienced such an intense response before, their stress response may make it difficult for them to evaluate their condition, or they may be intent on employing their coping skills and minimising the impact. It is important to consider that if the event is likely to cause CIS in a normal person, implementing CIS management strategies will be beneficial for those involved.

Staff and teams are vulnerable to circumstances that reduce the sense of control

The Context and Other Concurrent Stresses

Where an incident occurs to a group that has been undergoing change, has lost members, has concurrent problems or has been subject to other stress factors (even if of a non-critical nature), the liability to having CIS responses is increased because coping skills are often reduced. Staff and teams are particularly vulnerable to circumstances that change or interfere with the stability of management and availability of social support. Anything that reduces the sense of control over oneself and one's work is likely to reduce the resilience to stress.

Myths about CIS and Traumatic Stress #1

Staff who experience symptoms of CIS are less competent or suited to the work.

Any person can develop stress symptoms if they encounter an incident that is critical for them. However, the factors that determine whether an incident is critical or traumatic are highly subjective, and there is likely to be wide variability in the type of events that cause different individuals to develop CIS.

It is important to consider the potential effects of critical incidents and ensure that they are managed.

Individual effects are emotionally demanding and normal mechanisms of integration become ineffective

1.4 The Impact of Critical Incident Stress

Critical incident stress management and its interventions aims to restore the effective functioning of the individuals, groups and agency involved in incidents.

Critical incidents can have effects beyond the individual, and they can influence the group structures involved in the incident such as teams or other work units. They are also likely to become part of the history of an agency and can influence the organisational culture and informal social structures. It is important to consider these potential effects and to ensure that they are considered when managing the incident and its consequences. They are also an additional reason for preventive work through debriefing and associated interventions. These potential effects can be grouped as:

- Individual effects.
- Group effects.
- Agency effects.

1.4.1 Individual Effects

These effects are emotionally demanding and unusual events require the sudden expenditure of energy, intensive thought and action, and exclusive concentration on the issues at hand. This interrupts the normal processes by which experiences are integrated into the broader context of work and life. The experiences tend to become isolated, and normal cognitive and emotional mechanisms of integration become ineffective. When this occurs, a wide spectrum of stress effects may take place. Debriefing interventions assist individuals to break down the psychological isolation of the experience through communication in a safe group context. They also inform individuals about stress, its effects, and their management of themselves in the current context.

Myths about CIS and Traumatic Stress #2

Critical incident stress and traumatic stress are often considered to be indications of psychological weakness.

This attitude often discourages people from seeking early assistance. However, these reactions are considered as normal reactions to abnormal situations. As such, they are the reactions of a healthy person to an extreme stress. Debriefing and CIS management strategies *support* recovery rather than being treatments in themselves. In the case of traumatic stress, however, the impact is so severe as to require clinical treatment.

Critical incidents place stress on the whole work group involved

1.4.2 Group Effects

Even if they only directly involve individuals, critical incidents place stress on the whole work group involved. Effective communication tends to be reduced, and emotional tension and uncertainty are increased. These changes render the group less able to solve otherwise normal problems. If this situation persists for any length of time, the group may then develop maladaptive attempts to manage the tensions, members misperceive or misinterpret the actions of others, and the group engages in inappropriate activity. Debriefing assists the group to gain an accurate, common understanding of the incident, identify problems and needs, and provides an basis to plan suitable follow-up action. It also promotes effective communication and the management of emotions.

Critical incidents can effect morale and, if not managed, may lead to serious long-term consequences

1.4.3 Agency Effects

Critical incidents are landmark events in the development of an agency and may promote stereotypes or myths about its work. These can affect morale and, if not managed, may lead to serious long-term consequences such as inappropriate procedures, chronic conflict, ineffective operation, absenteeism or, eventually, resignations. Debriefing provides:

- An opportunity to integrate the incident into the ongoing functioning of the agency.
- A forum for managing personal issues in order that lessons can be learned.
- The basis for identifying and meeting needs revealed by the incident.
- An opportunity to establish support structures in relation to the incident, and better understand the needs of staff in the work context.

Critical incident reactions tend to perpetuate the difficulties of the incident

Recovery is accelerated if people recognise the reactions, are taught the reason for their symptoms, and helped to take steps to look after themselves

Some people can accommodate stress, but at the expense of important aspects of their life

1.5 Recovery from Critical Incident Stress

Recovery from CIS is based on the idea that the critical incident has imposed too great a demand to be met by the normal process of assimilating experience. The reaction tends to perpetuate the difficulties of the incident; therefore, it is important to ensure that people are provided with a structure to assist them.

Recovery is accelerated if people recognise the reactions, are taught the reason for their symptoms, and helped to take steps to look after themselves. It is particularly important for them to be able to go over the experience so that they can clarify it and assimilate elements that may have been missed in the heat of the moment. Usually, workers can be assumed to have the skills to resolve things once they are clear about their reactions. However, some of the symptoms encourage them to withdraw from those who may help them and interfere with recognition of what is happening.

Some people are able to accommodate stress, but this may be at the expense of important aspects of their life. After a period of time they may develop blunted emotions, chronic alert states, changed expectations for life (pessimism, bitterness), they may become antisocial, stop talking and interacting, narrow their scope of life, and abandon the wish for happiness. These people often remain in their work and may have very harsh expectations of others. They may appear to lack sensitivity to the needs of their staff and the people they are there to help.

Myths about CIS and Traumatic Stress #3

Talking about incidents increases the likelihood of problems and it is better to try to forget about them.

Many people may be successful in following such strategies. However, those who are genuinely suffering from CIS will be likely to find that, after a time, the symptoms become more rather than less disruptive to them. Talking usually helps to define the problems and mobilise coping strategies.

There are different forms of stress:

- Cumulative stress.
- Chronic stress.
- Burnout.

Cumulative stress is slow to develop and may accumulate from a succession of demands

1.5.1 Cumulative Stress

In living with stress, there is a gradual use of reserves of physical, emotional and psychological energy, and there may be a gradual reduction in effectiveness as fatigue and exhaustion set in. This form of stress is slow to develop and may accumulate from previously unassimilated experiences, or from a succession of demands which, though not great individually, do not allow for recovery and so collectively form CIS.

Chronic stress can be managed for a time, but lack of recreation may mean there is not enough opportunity for recovery

1.5.2 Chronic Stress

Another form of stress is where there may be a level of demand that can be managed adequately for a time, but lack of recreation may mean there is not enough opportunity for recovery and assimilation. The stress, though not so great, remains constant and this leads to serious problems of chronic stress. In this case, the person may continue to function effectively, especially if they are within their skills, but they may develop health problems such as an ulcer, digestive problems or skin conditions.

In burnout situations, recovery is unlikely to occur

1.5.3 Burnout

If chronic stress goes on too long, burnout may take place. In these situations, recovery is unlikely to occur since the person will have lost the motivation to do the work. They will have suffered long-term changes in their attitudes and values, and their persisting bitterness and pessimism may prevent them working effectively.

Recovery from stress requires lifestyle changes, emotional and social support, rest, recreation and assimilation time. This may involve light duties, health care, diet and exercise. Techniques for initiating these processes are outlined in section 3.



2. Principles of Critical Incident Stress Management

The impact of critical incidents can have long-term adverse effects on staff, teams and agencies

2.1 Critical Incident Management

If left unattended, the impact of critical incidents can have long-term adverse effects on staff, teams and human service agencies. Such effects can include the loss or reduction of staff efficiency, confidence or competence or disillusionment and eventually leaving the agency or the work. Living with these symptoms undermines quality of life and may destroy satisfaction in a career. An illustration of how staff in high-stress occupations may continue to work in spite of significant reactions is provided by a recent study of stress in the Victorian Ambulance Service. Robinson (1993) found that 65 per cent of officers surveyed reported 'trauma reactions' resulting from their work, while 17 per cent reported 'pervasive, strong' responses.

Significant numbers of staff can be adversely affected by their work experiences

As yet, studies of the basic symptom levels of human service workers have not been attempted. Anecdotal evidence indicates that the impact and cost of the work can be high and significant numbers of staff are adversely affected by their work experiences. An organisational structure with staff networks providing ongoing support, debriefing and counselling after serious incidents plays a critical part in avoiding these problems.

CISM defines a set of arrangements that are initiated by an incident and draws on pre-established protocols and procedures

The term *critical incident stress management* (CISM) is used to define a set of arrangements that are initiated by an incident and draw on pre-established protocols and procedures to ensure that all aspects of the staff's needs are met. It includes:

- Considering initial notification and activation.
- Managing the incident and of the staff.
- Providing defusing as soon as possible.
- Establishing a support system.
- Arranging debriefing as required.
- Providing all relevant information to staff concerning the incident.

The general framework for CISM involves personal support

The general framework for CISM involves personal support. This includes informal social relations, management structures, staff supervision arrangements, administrative support and the provision of specialised help. The process of coming to terms with a serious incident must be integrated into this framework. This is a two-way process. The debriefing and other interventions are initiated by the management system. They can be considered as a specialised part of the general staff support process, rather than a self-contained intervention.

Normal coping skills reduce stress

It is important to understand the role of normal coping skills that reduce stress. These are adaptive to immediate operation in the work role and are often crucial to maintaining the staff member's sense of self-esteem and confidence in their ability to survive in the job. Therefore, it is necessary to ensure that these are not interfered with by any of the forms of assistance. It is often possible for managers to arrange circumstances to support these strategies. Although it may be necessary for the staff member to relinquish them to begin to assimilate the experience, and to face some of the issues raised by the incident, this needs to occur in the staff member's own time.

Some coping strategies that are highly adaptive in the incident and enable the person to function well may be the cause for later problems

Some coping strategies that are highly adaptive in the incident and enable the person to function well may be the cause for later problems. For example, switching off emotions, keeping active to stop thinking, and avoiding thinking of the consequences are an inadequate basis to achieve assimilation of the experience. It is important that the person can be assisted to relinquish these strategies in a safe and controlled situation where they will be given help to undertake other more appropriate strategies to assist long-term recovery. Debriefing is a means of achieving this (see section 3 of this guide).

Some of the most common coping strategies are:

- Having a task to perform during the incident.
- Preparing mentally for the risks.
- Switching off emotions.
- Keeping active to stop thinking.
- Interacting with colleagues.
- Avoiding thinking of the consequences.
- Keeping a narrow concentration on the most important things.
- Having done a good job.
- Having the skills and training for the situation.
- Knowing your limits.
- Understanding the reasons why the incident occurred.
- Understanding the clients or the background to the incident.
- Accepting the limits of the job.

There are a number of important components of CISM that are essential to effective staff support. These components can be divided into:

- Pre-incident.
- During incident.
- Post-incident.

2.1.1 Pre-Incident

Pre-incident strategies can include:

- Being organisationally committed and accepting of the principles of CIS and the place of debriefing and associated interventions needs to be established before the incident.

Although in some incidents, the need will be clearly evident, in others it may require some understanding of the phenomena of CIS to recognise the need. The timely provision requires a clear mandate and established procedures so the process does not have to be worked out at the time when the organisation is likely to be stressed. Debriefing requires sanction from senior staff and managers, since their commitment to staff demonstrates an effective support in itself.

- Educating staff in CIS, debriefing and the normal context of the interventions is necessary.

If this is not done, it means an initial educational task has to be performed before staff may be willing to undertake debriefing, and it may mean that misunderstanding and suspicion about the purpose of the sessions have to be resolved before it can commence. Without education, many staff are likely to underestimate their need or wait until their reactions have become compounded before accepting it.

- Training managers in CIS management principles ensures that they recognise CIS and are able to manage the staff stress-related aspects successfully.
- Defining the arrangements for activation and assessment of the incident are also necessary, and arrangements should be in place to contact available and suitably trained debriefers from within or outside the organisation.
- Debriefing should occur within a timeline that recognises that staff and agencies continue to deal with a serious incident for a considerable time after it is over, and that the debriefing is only the start of this process. Additional sessions may be required and a variety of other needs may emerge. This process needs to be managed with a set of appropriate structures and procedures.

**Strategies include:
Being organisationally
committed to CIS principles**

Educating staff in CIS

Training managers in CISM

**Defining arrangements for
activation and assessment**

2.1.2 During Incident

Trauma can be minimised by:

Limiting the incident's duration

Managing staff's departure

Re-establishing personal functions

Resuming normality

Providing information

Reconstituting support networks

Confirming staff rights

Sensitising support systems

Convening recovery systems

The trauma of CIS can be minimised by:

- Limiting the incident's duration where possible by reducing uncertainty, loss of control or disorganisation of management or decision-making structures.
- Managing a staff member's departure from the scene, or departure from work at the end of the day or shift, by following the principles of demobilisation and defusing (see section 3 of this guide).
- Re-establishing staff members' personal functions to the greatest extent possible in regard to work roles and responsibilities, family contact and reassurance, self-management and decision making.
- Resuming as much normality as possible as soon as appropriate to provide structure and familiarity; however, adapt expectations to the needs of the moment.
- Providing information to ensure staff understand the event, why it occurred, what its effects are, and what will be required of them in the future.
- Reconstituting social and emotional support networks of affected staff, if required.
- Confirming staff members' right to be affected by the incident, to have symptoms and to use available supports and resources.
- Providing information on CIS and the management responses that will be undertaken.
- Sensitising support systems within the organisation to the needs of affected staff.
- Convening a recovery system that will continue to monitor staff needs.

2.1.3 Post-Incident

Social support is a sense of identification with others

Social support can be defined as a sense of identification with others that allows the individual to feel that the critical incident experience is not carried alone. Support involves a sense of belonging, understanding, empathy and acceptance.

Social support is recognised as one of the most important protective factors against the impact of stress in almost any circumstances. People are less likely to suffer physical, emotional or other stress symptoms if they receive timely and appropriate social support. It is important that managers and those involved understand the nature of social support and how best to provide it.

Support contains a number of elements:

Identification

Designation

Establishment

Definition

A number of elements can be described as forming the basis of an adequate social support system:

- Identification between the affected staff and others in the support system.
- Designation of what these staff have in common as the basis for identification between them.
- Establishment of communication channels within the support group to ensure they know of each other's attitudes.
- Definition of the boundaries of the support group to ensure that there is clarity about who the affected staff want or have the right to expect support from, and to guard against over involvement by those who are not required.

Support needs to be provided from all levels

Support needs to be provided throughout the system in differing degrees according to the level of involvement with the affected staff. This support needs to be provided from all levels, and managers need to show their support, though in more symbolic ways than a staff member's immediate colleagues.

Effective social support techniques include:
Commencing immediately

Communicating the event

Appreciating colleagues

Being sensitive to needs

Informing other staff

Providing backup

Convening meetings

Expressing support

Providing information

Quashing rumours

Respecting support systems

Legitimising reactions

The technique of social support is important to ensure that the support is actually felt as helpful. The following points have been found to provide effective support:

- Commence support immediately and continue indefinitely until the affected staff have resolved the incident.
- Talk to affected people about the event and its repercussions, not about personal responses or feelings until this is offered.
- Show solidarity and express valuing, affirmation and appreciation with colleagues rather than direct sympathy, unless they form part of the intimate personal support system. Failure to preserve this boundary tends to give the affected staff member a feeling of being crowded.
- Do things to be with the affected person (for example, invite them for coffee), but also be sensitive to their need to be alone.
- Inform other staff what happened so the same story does not have to be endlessly repeated and they are guarded against tactless blunders.
- Provide practical backup for routine responsibilities that are often very hard to perform when suffering from CIS.
- Convene meetings of the affected group to inform them that the incident and their responses are officially recognised and supported.
- Invite other teams or agencies to give expressions of support (for example, letters, flowers, cards).
- Provide information and updates about important matters without having to be asked.
- Quash rumours, scapegoating, splits and so on and protect affected people from overexposure.
- Respect different support systems (for example, personal, professional, family, management) and preserve these boundaries.
- Legitimise reactions, symptoms and needs.

2.2 Preventive Strategies

Preventive strategies include:

Good work environment and job satisfaction

A great deal can be done to prevent or minimise the development of CIS before an incident occurs.

- All those factors that make for a good work environment and satisfaction in the job help prevent stress. Work satisfaction, good relationships among colleagues, meaningful work, good communication between managers and staff, high morale, good social support and valuation of workers' efforts all create an environment in which stress can be well managed.

Proper training and regular supervision

- The role of proper training and regular supervision create the opportunity for responsibilities to be shared and for workers to feel that they are supported by the organisation in their activities.

Education in CIS

- Education in CIS before the event ensures that workers are in a position to recognise early signs and take appropriate action. Major factors in the production of stress are the uncertainty and anxiety that accompany symptoms which are not well understood. Handouts describing the basic facts and strategies are an important part of this.

Good management practices

- Good management practices involve clear lines of accountability and responsibility, backup by senior managers and the opportunity to give and receive feedback. These assist staff to see their actions and experiences within a context that limits their personal responsibility and liability, and enables them to feel they are part of a larger system that will support their efforts.



3. Dealing with Critical Incident Stress in the Workplace

Immediate tasks to be completed

When an incident has occurred, the immediate tasks are to ensure:

- That the staff members' physical and emotional needs are met.
- The sense of safety and security are re-established with whatever sense of routine and normality is possible under the circumstances.
- The central stress factor of high arousal needs to be addressed to allow those involved to return to a more stable and normal level of activity.

A meeting should be held with affected staff as soon as possible

Managers need to demonstrate the termination of the abnormal circumstances associated with the incident and to initiate the recovery process. In the period between the termination of the incident and the end of the work shift, a meeting should be held to assist staff to undertake these processes.

Management should be trained to understand the needs of staff after critical incidents and how to support them

It is emphasised that management should be trained to understand the needs of staff after critical incidents and how to support them. Pre-incident education and training need to be built on to stabilise and limit the period of disturbance. They can also establish a constructive attitude toward the stress before a natural defensiveness hides it behind a set of coping mechanisms that ensure immediate functioning at the expense of long-term adjustment. Such activities are a precondition to benefiting from any further interventions.

Staff needs for defusing and debriefing need to be assessed as a first priority

It is important that managers react immediately after the incident and ensure that staff receive support as soon as possible. Staff needs for defusing and debriefing need to be assessed as a first priority. Any delay in these services is likely to result in stress problems in cases of acute critical incidents.

The intervention can be undertaken by managers alone or with the assistance of a person trained in CIS and debriefing.

There are two types of immediate personal support:

- Demobilisation.
- Defusing.

3.1.1 Demobilisation

A demobilisation is intended to assist staff to make the transition from the state of high arousal associated with the incident to a more normal one. It does not attempt to explore or analyse the experience itself.

Demobilisation is a meeting conducted by a manager that aims to clarify the event, assess needs and plan for the future

A demobilisation is a structured meeting conducted by a manager who is not immediately affected by the incident. It aims to:

- Restore the functioning to the organisational structures.
- Clarify the circumstances of the event.
- Assess staff needs.
- Demonstrate care and support.
- Plan for the immediate future.

The meeting may be short (half an hour or so) or in some circumstances occur for an hour or more if staff need to unwind and lower their level of arousal.

A demobilisation should be conducted after any serious incident

A demobilisation should be conducted as a matter of course after any serious incident or significant disruptive incident. Managers' awareness of staff needs and responsiveness provides very tangible support in these situations.

Demobilisation should be provided when the incident has concluded and before staff leave the scene or complete their shift.

When conducting a demobilisation, it has been found that the following sequence enables staff needs to be met in a safe and effective way:

1. Gather the group and summarise what has happened.
2. Ask staff if they have any questions. This leads to discussion, clarification and personal expression.
3. Decide what will happen next in relation to the incident and make interim arrangements for the work responsibilities.
4. Present the support arrangements for staff until the next shift (this should include contact arrangements after hours if required).
5. Provide information on reactions and assistance available, defusing, debriefing and so on, and the mechanisms for activating these.
6. Assess the staff members' immediate needs for personal support and practical help.
7. Give advice on what to do next and how staff can take care of themselves (including handouts and contact numbers).

3.1.2 Defusing

A defusing is intended to terminate the incident psychologically, bring the experience of the incident to a conclusion, allow opportunity to express immediate concerns, and clarify what is possible in relation to the events or actions involved.

Defusing is a structured session held before staff leave the scene and aims to intervene before CIS processes have become established

A defusing consists of a structured session held before staff leave the scene or at the end of the shift. It aims to intervene before CIS processes have become established and to provide a framework in which the recovery can occur. A defusing is designed to be informal and responsive to the individuals and the situation. It is usually short, though sometimes it may be longer and involve 'wind down'. It provides reflective time and a chance to talk over what staff have on their minds. Defusing is about the workers' states rather than the event. It is premature to be complete, systematic or definitive about the incident at this early stage.

Defusings are conducted where the incident is particularly distressing, complex or protracted,

A defusing is conducted where the incident is particularly distressing, complex or protracted, and where there is risk of traumatic stress. It should also be done when there is going to be a significant break (weekend, shift change) before further support can be offered, or when assessment of staff members may be needed. If the incident or reactions are likely to be unusual, it is important to ensure that the details of the events are understood, and to clarify the conduct of those involved before they leave the workplace.

Defusings should also be conducted where emotional support is unlikely to be available

Defusings should also be conducted if there are problems associated with management, and where emotional support is unlikely to be available or has been impaired. In these cases, the stress is often generated by the ambiguities that staff feel about their conduct, or the reasons why the events unfolded. A trained debriefer can provide this defusing assistance where the severity of the immediate stress symptoms requires information, advice or individual support.

When conducting a defusing, a trained debriefer will need to:

1. Introduce themselves, work with the manager, ensure confidentiality and explain the purpose of the meeting.
2. Ensure the event is summarised (usually by the manager or involved team member).
3. Discuss issues arising from this account including questions and clarification. This time is used to identify issues and needs, and encourage reflection.
4. Summarise what has been said and frame the event, reactions and recovery process.
5. Provide advice on what to do until the next contact, self-management overnight, and the availability of assistance.
6. Give advice on follow-up plans, arrangements for debriefing, referrals and other support needs. Handout material is provided.
7. Liaise with the manager after defusing to ensure all requirements are met

3.2 Debriefing

Debriefing is a process to assist people to use their abilities to overcome the effects of critical incidents by:

- *Forming a clear idea of the events.*
- *Taking stock of the thoughts and reactions they have experienced.*
- *Identifying current or likely CIS symptoms.*
- *Providing information about normal stress responses to abnormal experiences.*
- *Helping to mobilise problem-solving strategies.*
- *Supporting personal needs.*

Debriefings are

Debriefings:

- Are preventive interventions designed to reduce the likelihood of symptoms and encourage self-managed recovery to take place after the incident.
- Assume that the participants are normal functional workers who have been capable of managing their lives without professional assistance and that they will continue to do so as they recover from the incident.
- Provide an important opportunity for the assessment and early identification of staff who may need treatment for psychological difficulties.
- Promote group support and initiate personal integration of the experience.
- Are intended as a normal operational procedure for managing critical incidents, and do not imply any form of disability, weakness or unsuitability in the workers.

Debriefings are not

Debriefings are **not**:

- Focused on emotions or the personal history of staff, although these are acknowledged and dealt with as they arise.
- To be confused with other processes required in managing serious incidents, such as providing immediate personal support after the incident (including demobilisation and defusing) or individual counselling after the event (on a short-or long-term basis).
- Intended as a therapy, or to meet any requirements for counselling that might arise.

Debriefings are provided later than defusings and when staff have recovered enough to assimilate the experience

A debriefing is provided later than defusing (ideally 12–72 hours post-incident) when staff have recovered enough, have begun to assimilate the experience, and have a range of reactions and responses to be understood. Managers need to consider group structures in which a debriefing should occur. It should provide an opportunity for participants to get the whole picture and all the information possible so they can judge their contribution and learn. It should include further information on recovery, stress and self-management.

Sessions are conducted by trained debriefers

A debriefing session is conducted by one or more trained debriefers who meet with the staff involved in a group after the incident. Sufficient time is allowed to integrate issues into a shared understanding such as:

- The sequence of events leading up to, during and after the incident.
- Possible causes and repercussions of the incident.
- The incident-related experiences of individuals.
- Other work-related issues affecting the impact of the incident.
- Previous incidents or events that may have been brought to mind.
- Reactions to be expected, and how to evaluate and manage them.

Care is needed to differentiate other problems from the incident, although they may need to be discussed and their effects related to the present situation

Where a group or agency has had other problems prior to or concurrent with the incident, care is needed to differentiate them from the incident, although they may need to be discussed and their effects related to the present situation. The social, professional and management issues involved also may need to be examined. Defining lessons to be learned from the incident and passing on this knowledge are also important. Sessions can conclude with a consideration of the avenues open to participants to continue their self-care. Up to three hours are usually required for a debriefing session, and a follow-up session may be needed a week or so later.

A debriefing group is most effective if it reflects natural work groupings, or those with common experiences

The debriefing group is most effective if it reflects natural work groupings, or those with common experiences. The size and constitution of the group should ensure that everyone present can feel able to say what they wish. Large numbers can be divided into smaller groups (if this seems advisable) to allow everyone to express themselves. More than one combination or grouping of the participants may be required for large, complex incidents.

Complex incidents require individual group members to be provided with the opportunity to debrief aspects that are personal

Many incidents occur to individuals or may have a significantly greater impact on an individual. The same format can be undertaken in providing individual debriefing sessions. Often a complex incident requires individual members of the group to be provided with an opportunity to debrief aspects that are personal or about which they are unable to speak freely with the group. This may apply to senior staff, those with personal vulnerabilities that they do not wish to expose to others, and to those most seriously affected.

Participants can determine the extent of their involvement in the debriefing process, and it is also effective for staff who choose not to talk at all.

When conducting a debriefing, a trained debriefer will need to:

1. Introduce the session and outline the rules of confidentiality, non-judgement and freedom to talk.
2. Invite the group to give an account of the incident, which is then clarified and completed.
3. Invite participants to share their thoughts at the time of the incident or in the time since it occurred. These indicate important meanings that will be significant factors in the development of stress.
4. Review staff reactions at the time. These often indicate other aspects of the meaning and significance of the events, and account for the development of symptoms.
5. Review stress symptoms as these form the basis for the following stage.
6. Provide focused education, advice and information to assist in understanding and managing the symptoms.
7. Undertake problem solving for issues arising in the course of the session and prepare for the recovery process or return to work. Requirements for continuing the integration of the incident are discussed. This may include assessing the need for follow-up sessions.

3.3 Follow-Up

Individuals may find that other aspects of the situation come into prominence after the debriefing

Some individuals find that different aspects of the situation come into prominence later and other issues need to be addressed after the debriefing. Some stress responses develop over time and need to be understood in that light. Some groups also need to meet again to complete their work or to integrate the effects of the first session which may have substantially changed their perspective.

Similar considerations apply to the provision and timing of follow-up after the initial session. It should be at a time that permits further working over of the incident, but before the issues become stale or are dropped. Later sessions are likely to focus on broader issues that were activated by the incident and may deal with changes of attitude or work satisfaction.

Follow-up sessions may consist of additional debriefing sessions that focus on new aspects of the incident or stress reactions

Follow-up sessions may consist of additional debriefing sessions that focus on new aspects of the incident or stress reactions. However, since it is common for critical incidents to activate personal issues, short-term counselling sessions are often required to prevent further difficulties. Sometimes these may identify other needs and facilitate referral to an appropriate service. The availability of follow-up should be seen as part of a debriefing service and guidelines providing for this should be approved in principle. Experience has shown that providing an additional group session and the possibility of up to two individual sessions for those requiring them caters for most situations. However, severe or traumatic incidents require considerably more follow-up.

When to refer on for more intensive treatment

Some individuals have pre-existing vulnerabilities or other problems that may have been dormant or adequately adjusted to before the incident that may have become aggravated by it. Some useful criteria about the need for clinical referral are:

- The debriefing has not led to a reduction of stress reactions.
- New symptoms appear after the debriefing.
- Continuing high levels of anxiety or distress.
- Continuing depression or other clinical symptoms.
- Fear of the workplace or inability to function effectively at work.
- Continuing disruption of home life related to the incident.
- Non-improvement of stress levels.
- Bitterness, cynicism or low morale.

Follow-up sessions may be required when reactions to the accumulation of small incidents occur

Delayed reactions are sometimes evident when there are exaggerated responses to later events that may not be critical in themselves. Reactions to the accumulation of small incidents, or a later event that resembles the earlier one without being as severe, are other instances when follow-up sessions may be required. Anniversaries and other occasions that may reactivate a previous incident are opportunities for follow-up sessions.



4. Models of Critical Incident Stress Debriefing

Arrangements for debriefing services need to reflect varied organisational structures

Debriefing administration requires mental health or welfare professionals with specialised training

Arrangements need to exist to evaluate the debriefing services and to refine them

The external provider model operates on a fee-for-service basis and may involve a retainer or formal contract

4.1 Developing Debriefing Service Structures

Since the types of critical incidents likely to be encountered, the training and resources of staff affected and the organisational structures vary widely throughout the human services environment, the arrangements for debriefing will need to be equally varied. Debriefing services need to be integrated into the organisational structure and culture of the agency if they are to be effective.

Debriefing is a preventive mental health technique that requires mental health or welfare professionals with specialised training to administer it. This training builds on existing skills and incorporates knowledge of CIS, stress management, group process, and assessment of needs for other services. In the welfare area, most occupational groups have the skills that provide the basis for specialised training as debriefers. However, staff who are seriously injured, highly stressed, in senior positions, or involved in circumstances where confidentiality is particularly important, need access to debriefers who are experienced mental health clinicians and usually from outside the organisation.

It is likely that agencies will find that their debriefing needs will evolve over time as they assimilate the information into their operations and practices. It is important that arrangements exist to evaluate the services and refine them in the light of experience.

There are several models for the provision of debriefing that provide a starting point for establishing a service:

- External provider model.
- Staff debriefing team model.
- Peer support model.

4.1.1 The External Provider Model

In recent years, a number of individuals and groups of mental health practitioners have specialised in providing debriefing and crisis counselling to corporate clients. These companies consist of psychologists and social workers specialising in CIS and debriefing interventions. They are often in group practices or may be Employee Assistance Program providers with the capacity to provide rapid response from members of an often extensive team. These services are provided on a fee-for-service basis and may involve a retainer or formal contract. This model ensures confidentiality and rapid response.

With the external provider model, there are several factors to consider in ensuring that the human service agency gains the full benefit of CISM.

The following points need to be considered:

- The training and experience of providers.
- Cost should be clearly negotiated.
- There should be education within the agency to ensure staff understand the function of debriefing before the event.
- Provider's interventions should be supported by informed management in the agency.
- There should be consultation by the provider with the agency to ensure policies and management practices minimise CIS.
- Assessment and referral arrangements for seriously affected staff should be consolidated.

Evaluation arrangements enable quality assurance of the service to be undertaken.

A coordinator acts as a central point for the agency and external provider

A designated coordinator within the human service agency is often important to assess and evaluate the need for debriefing, and ensure that other support and management interventions are implemented. Such a role acts as a central point for the agency and the external provider, and ensures that there is a development of expertise and experience in understanding and managing critical incidents.

The staff debriefing team model consists of staff with training in debriefing providing an on-call service within the agency

4.1.2 Staff Debriefing Team Model

Debriefers may be drawn from the human service agency in which the service is to be provided if it is large enough to ensure that the staff involved do not have close relationships. Staff with appropriate training and experience can undertake specialist training in debriefing and provide an on-call service within the agency. However, it is not advisable for a debriefer to conduct sessions for staff in the same program area or in direct line supervision to them. Generally, it is preferable for the debriefer to be in a remote program area or to come from another organisation. Some smaller organisations have established cooperative arrangements to form a combined team across the agencies which will debrief each other. A number of issues need to be considered in applying this model:

- The training, supervision and professional development in debriefing for staff.
- The frequency of incidents needs to be adequate to provide experience and application of training.
- The ability to ensure confidentiality in a small agency.
- The differentiation between debriefing and work responsibilities. These may not always coincide.
- Clear activation and administrative arrangements for implementing a debriefing.
- A coordinator for the human service agency is often advisable to develop experience and expertise in evaluating the need for debriefing.
- The clarity of accountability of debriefing activity in relation to a debriefer's normal accountability.

The team's structure needs to involve ready access to external clinicians, trained debriefers within the human service agency, and other support team members

Since debriefing is stressful and demanding, the team's structure needs to involve ready access to external clinicians, trained debriefers within the human service agency, and other support team members. A coordinator can ensure that requests are properly assessed, and that team members responding are adequately briefed before, and supported or debriefed afterward, if necessary. Professional development, skills maintenance in times of non-activity, training standards and quality assurance of the service all need to be considered as part of providing a safe and effective service to staff in a vulnerable state. An outline of the typical roles and responsibilities of coordinators is described in attachment 11.

While the staff debriefing team model is less expensive, staff are likely to be less experienced in debriefing; however, they will be more familiar with the organisation and the work context. In this situation, it is advisable to have an option to use external specialists in highly complex incidents or where clinical issues may be involved.

4.1.3 The Peer Support Model

The peer support model is a team of trained support personnel operating under the supervision of trained debriefers

In addition to trained external or internal debriefers, a team of support personnel is valuable to assist in running sessions, providing individual attention, and conducting defusings. They can be selected staff who undertake training in CIS and operate under the supervision (direct or indirect) of trained debriefers. Their familiarity with the workplace allows them to perform a valuable liaison function, provide follow-up, and resource teams when a full debriefing is not required. These staff may often undertake primary training and gain experience in a support capacity before undertaking full debriefer training. They perform a valuable function in being readily available and not having to offer such intensive interventions. It is advantageous if there are support staff recruited from all major areas/units in the organisation. Peer support workers provide an important in-house resource when external debriefers are used. They can ensure follow-up and continuity in the human service agency and assist in-house debriefers by providing various support functions.

4.2 General Debriefing Protocols

A debriefing protocol must be suited to an agency's needs and the debriefing model used

To provide for the activation of debriefing services, a protocol needs to be developed that is suited to the human service agency's requirements and the model of debriefing used. This is particularly important when the employment of an external debriefer needs to be decided in a particular incident.

Protocols can be divided into two broad categories:

- Debriefing activations.
- Debriefing management

4.2.1 Debriefing Activations

Debriefing activations need to be well established

The criteria for debriefing need to be well established beforehand and the decision-making process as efficient as possible. (A list of assessment questions to assist in evaluating incidents is included in Attachment 3.) There are three key roles in arranging a debriefing:

- Debriefing coordinator.
- Role of the manager.
- Staff to be debriefed.

Debriefing Coordinator

Coordinators are in the best position to identify the most appropriate response

A coordinator with the requisite training is usually the best person to activate a debriefing. They are also in the best position to identify the most appropriate type of response. This ensures that the appropriate personnel are provided (see attachment 3). The need for support and rotation of coordinators must also be built into the system when demands are high.

Role of the Manager

Managers need to understand the preventive nature of debriefing

Debriefing services are part of the organisation's commitment to ensure a high-quality service, so they should be activated by the manager as part of their support for the affected staff group. Morale is lowered if staff are left to access debriefing by themselves and, consequently, some fail to do so; others feel that it is being offered as a substitute for genuine concern by management. It is essential that managers understand the preventive nature of debriefing and do not wait until staff have had persisting stress responses before activating it.

Staff attendance is voluntary, but should be encouraged as part of standard management procedure

Staff To Be Debriefed

Attendance is probably best defined as voluntary, but encouraged as part of standard management procedure. This should be taught in pre-incident education. However, some staff may be unwilling to use the service if its role and auspice within the organisation is not clear. Managers may need advice from the coordinator about how to present the debriefing to staff to ensure they understand its role until it has become established and accepted in the organisation. Careful arrangements need to be made for the session not to conflict with other staff duties or be outside working hours. Private and comfortable accommodation is important.

Interventions need to be integrated into the management of the incident

4.2.2 Debriefing Management

Debriefing interventions need to be integrated into the management of the incident, and this can only happen if the organisation adopts debriefing as part of its standard procedures for managing incidents. Educating staff and managers is necessary if they are to make appropriate use of the service.

Managing debriefing can comprise:

- Auspice by organisation.
- Manager training.
- Policy development.
- Liaison with other agencies.
- Budgeting for training and services.
- Integrating debriefing time into team members' jobs.
- Debriefing policy.

Debriefing is only be effective if it is accepted by the organisation

Auspice by Organisation

Debriefing is only effective if it is accepted by the organisation. The development of the service may need to be overseen by a reference group of senior staff who can resolve the policy issues that are raised. Since critical incidents are significant for the organisation, the debriefing service needs to have adequate management support and advice.

Training managers in demobilisation, CIS recognition, defusing and debriefing activations

Manager Training

To be effective, managers need to be trained in providing demobilisation, recognition of CIS, and when and how to activate defusing and debriefing. In addition, they need to understand the important role they have in managing stress-related aspects of the incident and providing support. Much of this training can be undertaken by the debriefing team members in professional development and in-service activities.

The organisation needs to have policy development structures in place

Policy Development

Although debriefings are confidential, it is sometimes possible to provide feedback to evaluate existing policies and alert managers to processes that can more effectively assist staff's recovery. It is important for the organisation to have structures in place that can consider policy developments.

Cooperative links with other agencies may need to be established

Liaison with Other Agencies

If debriefing resources are not available, cooperative links with other agencies may need to be established to ensure backup is available. Small organisations are vulnerable and need to be aware that their debriefers may be involved in incidents (even if indirectly) and thus disqualified from providing the services.

Budgeting ensures development and delivery of the CIS service

Budgeting for Training and Services

Training, staff development and external debriefing all incur costs. It is necessary to budget for these services to ensure they are able to develop in a systematic way and deliver what is promised to staff.

Staff need to have debriefing carefully integrated into their roles

Integrating Debriefing Time into Team Members' Jobs

Since debriefing provided by staff is generally on a voluntary basis (in the context of their other work), the time and emotional stress need to be considered. Resources are used most effectively when debriefings are carefully integrated into work roles so staff are not likely to become exhausted, conflicted or burnt out.

Clearly defined roles and functions forms the basis for evaluating and developing debriefing

Debriefing Policy

A clearly defined set of roles and functions with accountability lines needs to be set down to form the basis for evaluating and developing debriefing. Since it is a service for staff rather than the agency's clients, there may need to be special arrangements to avoid conflicts of interest or competing priorities. These arrangements should be designed to avoid some of the potential problems outlined in section 4.

4.3 Boundary Problems for Developing Debriefing

Problems in the way the debriefing service is understood

There are a number of areas in which problems may occur in the way the debriefing service is understood by staff. Early recognition should enable them to be avoided.

Some of these areas are:

- The boundary between debriefing and management.
- Personnel records.
- WorkCover.
- Non-work stress and non-critical incident stress.
- Discipline.

4.3.1 The Boundary Between Debriefing and Management

Staff need to see debriefing as being provided for their benefit

If debriefing is to be effective, staff need to see it as not influenced by management considerations related to the incident, but provided for their benefit rather than the organisation's. Even if confidentiality is assured, this must be established by the protocols for activation and accountability of the team, or staff may be concerned that it is some sort of management tool.

4.3.2 Personnel Records

Debriefing needs to be independent from personnel records

Debriefing needs to be independent from personnel records, and seen as something which staff members have a right to after an incident. It is provided on the basis of the incident and likelihood of any person being affected. Participation in debriefing has no implications concerning the competence of staff involved. It is likely to be avoided unless this independence can be demonstrated.

4.3.3 WorkCover

Debriefing services should be not seen as providing clinical assessments for affected staff

Debriefing is a preventive intervention and has no role in worker's compensation. However, where injuries have occurred and worker's compensation is likely to be sought, the in-house debriefing service should be not seen as providing the clinical assessment of the affected staff member. Where this is required, it should be sought from a practitioner independent from the debriefing service. Involvement in WorkCover may prejudice debriefing's independence and affect managers' willingness to activate it.

Other problems will often be referred for debriefing

4.3.4 Non-Work Stress and Non-Critical Incident Stress

It is likely that other problems that fall outside the strict definition of the service will often be referred for debriefing once they become known. Although debriefing-type interventions has been effective in cases of organisational change and chronic stress, they should only be undertaken by experienced debriefers. Other types of problems need to be referred to the appropriate services. Increased awareness of staff about personal or psychological problems arising from the CIS education may require a review of Employee Assistance Programs and other referral arrangements. To be most effective, debriefing should be reserved for clearly defined critical incidents until the staff and organisation have developed enough experience to adapt it to other circumstances.

Debriefing is ineffective where disciplinary processes are in place for staff

4.3.5 Discipline

Debriefing is ineffective where disciplinary processes are in place for staff. In some cases it may be appropriate after the conclusion of procedures, such as in the case of unfounded accusations against staff. However, until a decision is reached the 'incident', as such, is not complete. Where a complaint is substantiated, counselling is more likely to be effective. This also points to the need for the debriefing service to be supported by other staff welfare and referral procedures.



Attachments

- 1 Select Bibliography**
- 2 Assessment and Establishment of Debriefing**
- 3 Assessment of the Incident: Useful Questions for Coordinators**
- 4 Assessing the Need for Defusing and Debriefing**
- 5 Planning Debriefing Sessions**
- 6 Summary of Demobilisation, Defusing and Debriefing**
- 7 Description of Critical Incident Stress**
- 8 Signs and Symptoms of Critical Incident Stress**
- 9 Description of Traumatic Stress**
- 10 Symptoms of Traumatic Stress**
- 11 Typical Roles/Responsibilities of Coordinators (Staff Debriefing Team Model)**
- 12 Glossary**
- 13 Feedback Questionnaire**



Attachment 1: Select Bibliography

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Attachment 2: Assessment and Establishment of Debriefing

1. Consult Client re Incident

Evaluate the need for debriefing

Consider:

- Nature of incident
- Impact on staff
- Stress responses of staff

Do they want debriefing or know what it is?

Are there other vulnerability or predisposing factors?

Has incident finished or not?

How has debriefing been presented?

2. Assess Management's Adequacy or Sensitivity to Staff Needs So Far

3. Assess Nature and State of Staff Support Structures

Informal social structures

Formal work/team structures

Current state of workplace

4. Evaluate the Understanding of Debriefing and Defusing

Consider:

- Prior experience (any problems/bad experiences?)
- Organisational climate for staff needs

What has been said so far?

What do staff need to learn about defusing/debriefing before they get it?

5. Advise Client on Context For Debriefing

Develop effective supports if not present

Consider:

- Management priorities for staff needs
- Management strategies to reduce stress

How the service will be introduced?

6. Plan the Delivery of the Service

Consider:

- Timing
- Defusing/support
- Groups involved
- Differences in experience
- Need for individual sessions or follow-up
- What should be said to staff

7. Who Should Deliver the Service?

Be conservative (can't afford to make mistakes)

8. Problem Areas

Confidentiality

Executive/management issues

Advocacy

Management/staff conflicts

Intra-group conflicts

Clinical needs

Difficult participants

Boundaries and follow-up



Attachment 3: Assessment of the Incident: Useful Questions for Coordinators

The following questions should be asked in respect of a debriefing request:

- What has happened? Obtain as full an account as possible. Is it a CI?
- What is the caller's understanding of debriefing?
- What is the anxiety or CIS level of the caller? Does this need to be managed first?
- What are the staff's symptoms (specific and detailed)?
- How long have they been going on, has there been any change?
- What has been said to staff about the debriefing?
- What is their attitude to debriefing?
- Who else may be involved beyond the obvious ones?
- If it is an individual debrief, are there others indirectly involved?
- What are the groups or combinations of staff?
- What management is being done? Ask caller what they have done so far.
- What was the state of the team prior to the incident?
- Have there been or are there currently any ongoing stressors apart from the incident?
- Are there any other agency procedures going on? For example, discipline, investigations, police involvement?
- What is the role of senior staff? Should they be included or not?
- What is the part played by cumulative, chronic or organisational stress?
- Are there problems outside the scope of debriefing? These do not have to be taken up.
- Ask the caller how they are.

Briefing the CISD Team

Coordinators need to brief the CISD team after acceptance of the debriefing request. This briefing should cover:

- The nature of the staff to be debriefed.
- Their attitude to debriefing and to their management.
- Some details of the incident so they can be prepared for gruesome or distressing material.
- The anxiety or distress level felt by the caller or described in symptoms.
- If the debriefing involves politics.
- The time taken to recover from the debrief.



Attachment 4: Assessing the Need for Defusing and Debriefing

Some important concepts about CIS need to be considered to correctly evaluate the need for defusing and debriefing. They are listed below.

Subjectivity of the Stress

Stress is mediated by the personal meanings the individuals make of a situation or threat. A high degree of threat may be the result of what a person thinks is going to happen even though it does not come about, or is only perceived by one member of a group. Where past critical events resemble the incident for an individual, it is likely to have a greater effect. Personal vulnerabilities mean that the impact will always be variable across individuals. It is important not to prejudge the validity of an individual's needs. Often, this can only be adequately understood as a result of the session.

Mobilisation and Arousal

These are two of the most important factors and they tend to set the scene for significant neuro-biological disruption to the individual's functioning. It is important that debriefing is considered when there is a high degree of arousal, or sustained mobilisation.

Demand on Resources

Often the circumstances of the incident mean that there is a sudden high demand on the individual's physical, emotional and psychological resources. This may be due to high-energy output, the need to control intense emotion or to put aside one's own welfare or pain. This is often not clear to the person involved, and a debriefing is often the point where individuals begin to recognise what they have expended.

Compromise of Normal Functioning

Stress is likely to be high where participants are unable to do their job or their ability to function effectively is compromised (perhaps through lack of knowledge or recognition of what is happening).

Success or Failure To Meet the Demands of the Incident

The outcome of the staff member's actions is an important factor. It may mean the difference between the stress of surviving a danger, or the stress of failing to resolve a problem or crisis. The effects of these two possibilities will be quite different.

Self-Efficacy, Capacity To Perform Tasks Versus Helplessness

Failure to achieve self-efficacy often accounts for intense feelings of guilt or anger and is an important source of stress.

The need for debriefing arises not only from the incident, but from a variety of other factors that need to be considered.

Seriousness of the Incident

The degree to which the incident is likely to evoke strong emotional reactions is a measure of the need for debriefing. More serious incidents usually result in a corresponding increase in the likelihood of media exposure, formal inquiries, coronial hearings or disciplinary actions. The degree to which staff have been trained or prepared for such eventualities affects the impact upon them.

Professional Skill

More experienced staff have often developed better coping skills and may be more resilient than less experienced staff. However, even if only some members seem seriously affected, it is valuable to provide debriefing for the whole group. On occasions, experience, training and responsibility may also significantly add to the impact of the incident.

Chronic Stress

Working with abused children, disabled people and those in crisis involves ongoing stress. This has a cumulative effect that can make workers more vulnerable to an acute episode. In these circumstances, the severity of an incident requiring debriefing may not be as great as in other circumstances.

Personal Factors

Many factors play a part in the impact of a serious incident on a worker. It may evoke memories of previous stressful life events (which can increase the impact), or it may take on a symbolic meaning that gives it an effect that does not seem justified.

Morale

Low staff morale impairs the ability to deal successfully with incidents and institute appropriate problem-solving activities. Under these circumstances, a particular incident's impact may be greater than for another team or agency with higher morale.

History of the Human Services Agency or Team

Those who have already experienced serious incidents may be more vulnerable to the impact of subsequent ones; therefore, what is serious for one agency or group may not be so for another.

Any other issue, past or present, that alters the meaning, significance or impact of an incident on individuals or groups should be taken into account.

The decision to provide debriefing may require consultation with someone from outside the affected unit so the various factors can be identified and evaluated.



Attachment 5: Planning Debriefing Sessions

Providing effective and successful debriefing is essential if a viable service is to develop. The staff involved are in a sensitive, vulnerable state. If it is not done well, they not only fail to receive the help they need, but may have their problems exacerbated or compounded. They may also become cynical and unwilling to expose themselves to future debriefing. Further, because their colleagues will watch the outcome of a new service with interest, any antagonism will spread further afield. The following issues need careful consideration when planning debriefing sessions.

Who Should Attend

In principle, everyone involved or affected by the incident should attend the debriefing group. However, there may be reasons to provide more than one opportunity so that groups with different levels of involvement or affiliations can debrief separately. A staff member who has been assaulted or who is at the centre of an incident may not feel able to attend a group debriefing and may require individual counselling instead. Staff who may be subject to legal or disciplinary action after an incident are unlikely to be able to use the session. Although attendance by senior staff and managers can be beneficial, this is only so if staff feel safe to express themselves freely in their presence. Where there is uncertainty about anyone's attendance, this should be openly discussed as the first issue in the debriefing. A variety of compromises may be reached, such as attendance of seniors for part of the session or on a subsequent occasion. The important consideration at all times is to ensure that staff can express themselves openly without fear of consequences.

Timing of the Session

Debriefing assists in integrating stressful experiences and dealing with normal reactions. Therefore, it is not appropriate to undertake it immediately after a serious incident when participants are still in shock and trying to grasp what has happened, or have not yet recovered from their initial state of arousal. At this stage, people may not retain much of what is said and are unlikely to be able to undertake the cognitive activity necessary to integrate the experience and evaluate their reactions. They are also unlikely to benefit fully from the educational aspect of the session. The appropriate intervention for this stage is defusing. Sometimes an effective defusing means a debriefing is not required.

Debriefing works best between 24 to 72 hours after the event when participants have begun to clarify their experience, recover their equilibrium, and initiate their coping strategies. These strategies provide the basis of the debriefing process that builds upon participants' resources. However, many issues may constrain the timing of debriefing, and it is important that it does not add to workers' stress. It should be provided within the first few days post-incident. However, as long as staff know it has been arranged, it is better to avoid conflicting work demands if participants would be tense about attending or unable to remain for the duration. Often participants feel it is preferable to wait until all involved staff can attend, even if this postpones the session.

Sessions

The sessions need to occur in a place and time that is free from distraction and interruption, and enables participants to involve themselves fully in the process. It is important that arrangements are made to maintain agency operations without placing demands on participants, and that logistic support is available if needed in relation to venue, transport and so on. Pagers, telephone calls and other interruptions should be avoided.

Confidentiality

This is a necessary condition of successful debriefing and should include the content of the session and the participants. No records should be kept by the organisation, and it should not be recorded on personnel files that a debriefing has been attended. If there is any doubt about confidentiality, an external debriefer should be used. The session should be clearly separated administratively, and in fact from any investigation, supervision or other formal processes consequent on the incident. It is necessary to spell out to participants the limits of confidentiality where legal process may be involved, and for the group to commence with a consideration of the limits of confidentiality for the current circumstances if this is likely to be an issue. Members should be cautioned to refrain from comments that may be subject to subpoena. This may have an impact on the attendance of some participants. However, since debriefing is concerned with their experience of the incident and their reaction to it, not every aspect of the situation needs to be explored to gain benefit from it.

Credibility and Normalisation

It is advisable that the debriefing session is construed as part of the standard post-incident process in line with the normalisation framework that is so important in managing stress. Therefore, it is helpful to create the expectation that everyone involved will attend as a matter of course and that no one will be discriminated against for attending. It is desirable to establish a group norm that debriefing is an accepted part of agency operations, but it may be necessary (as mentioned above) to exempt individuals under some circumstances. However, if non-attendance is for purely personal reasons, individuals may require information, reassurance, or advice to understand the importance of attending. It is important that senior managers and CEOs are seen to support the program as a part of good service delivery.

Before and after the Debriefing

Before the debriefing is organised, there is much that can be done to support staff. One of the most effective ways is to acknowledge their predicament and indicate care and concern. Communication is the most necessary function to combat anxiety, uncertainty and isolation that combine to aggravate the effects of stress and trauma. Therefore, additional communication arrangements are usually required in the lead up to the debriefing. Individual contact that offers support is also effective. The natural impulse for groups under stress to be cohesive and gather together can be assisted.

After the debriefing, increased communication will enable participants to monitor themselves and their colleagues, and to keep up with any developments in relation to the incident. Opportunities for the group to spend time taking stock of its functioning and charting repercussions from the incident as time goes by can be incorporated into the existing structure of staff meetings. It is likely that the organisational impacts of the incident may not become fully evident until after the personal issues have been dealt with through the debriefing. It is advisable for managers to keep these issues in mind as time passes while not labouring them unduly. It should also be borne in mind that the incident is not over until all the administrative, supervisory and legal consequences have taken place. Since this may take many months, a further debriefing session may be required to mark the conclusion of the incident. For example, the inquest into a client death or trial after an assault on a staff member may occur a year or more after the event but will reawaken many incident-related feelings.



Attachment 6: Summary of Demobilisation, Defusing and Debriefing

Demobilisation re-establishes management of the staff group, stabilises the situation and sets the basis for a return to normality.

Defusing stabilises the situation in the minds of the participants and helps them make a break from it and begin to unwind (that is, to prepare them to rest).

Debriefing systematically works through the event to gain a thorough idea of it and participants' reactions, and participants gain the information necessary to manage their recovery.

Demobilisation, Defusing and Debriefing

	Demobilisation	Defusing	Debriefing
Aim	Terminate incident, resume normality	Terminate arousal, clarify events and reactions, initiate rest	Initiate recovery, mobilise resources, detailed review of events and reactions
When	All critical incidents	Distress, unusual, complexity, trauma	CIS, trauma likely, complex, ambiguous
Timing	Before staff depart	Within 12 hours	Within a few days
Content	Incident account, manage issues, support, arrangements, information	Incident account, survey responses, assess needs, advice and information	Representation of incident, thoughts, reactions, symptoms, education, advice, follow-up
By whom	Manager, or responsible person	Trained manager or peer	Trained debriefer



Attachment 7: Description of Critical Incident Stress

The Nature of Critical Incident Stress

Critical incident stress is a physical and psychological response to an incident that presents a worker or team with complex, intense or threatening situations, and requires the mobilisation of an unusual intensity of emotional energy and professional skill. It causes a high degree of neurological arousal that involves important chemical changes in the brain and behavioural and emotional changes (Mitchell & Everly, 1993). During the incident, there is a preference to take in only the most critical information and neglect those aspects that may not be crucial for the immediate demands of the situation. Important emotional considerations (such as self-preservation) may be temporarily disregarded. The sense of time is often distorted, memory for sequence becomes confused, and many details of the event are misunderstood or overlooked. Consequently, people usually lack a clear and coherent understanding of the events and their role in them. These inconsistencies interfere with the capacity to process and integrate the experience. The unresolved aspects tend to generate ongoing stress, conflict and undermine the ability to come to terms with the event.

Long-Term Consequences of Unresolved Critical Incident Stress

It is common for the person in CIS to remain in this state for some period of time (in severe circumstances, such as traumatic stress, this may last weeks and not fully subside for a long time). Whereas normal stress responses, usually rapidly subside when time off or other rest and recreational activities are undertaken, it is common for CIS or traumatic stress responses to remain active or recur for long periods. Recovery may then be gradual and complicated by other events that occur during this period. In severe cases, recovery often consists of adapting to the worst symptoms or restricting activities to avoid reminders. While some aspects of a person's functioning may not be affected by their continuing CIS responses, other aspects may be greatly affected and result in reduced enjoyment of work or life, constriction of social life or changed emotional attitudes.

Other Impacts of Critical Incident Stress

Where there is inadequate resolution of the incident for an individual, continuing difficulties tend to undermine work performance, personal identity, family relationships and social life, and lead to increased susceptibility to ill health. The factors affecting such outcomes are the nature of the incident, the way it is managed by direct supervisors and more senior managers, the involvement of the community or media, lack of personal support networks, and pre-existing or subsequent personal vulnerabilities.

Individual Differences in Critical Incident Stress Responses

There is a wide variety of reactions that can follow from involvement in a critical incident. The particular symptoms depend on the specific nature of the incident and the nature of its impact on the person, the past experiences or other factors that determine the preparedness and resilience to the particular stressors involved. Although a range of the most common symptoms are described in attachment 8 (*Signs and Symptoms of Critical Incident Stress*), individuals may show other reactions that may not at first appear related to these. On investigation, however, it is often found that the unusual reactions are related to personal characteristics, past experience or some specific aspect of the incident.



Attachment 8: Signs and Symptoms of Critical Incident Stress

There is considerable variation in the symptoms of CIS, and more personal reactions may occur based on individual factors. These reactions may be evident straight after the incident, appear some time later, be precipitated, or reappear following another, less serious experiences. If they occur, a debriefing is likely to produce an immediate reduction in them. If they do not abate, a follow-up session should be provided and counselling or clinical intervention may be required. Traumatic stress may occur as a more serious and damaging consequence of a very serious incident. Although it is not possible to provide a clear demarcation of these two conditions, some indication to distinguish them is provided below.

Physical

Autonomic arousal; for example, dizzy, sweating, pale, trembling, palpitations
Gastrointestinal reactions; for example, nausea, diarrhoea, loss of appetite
Headache or other pains
Excessive fatigue
Increased nervous arousal, easily startled

Behavioural

Apathy
Restless, jumpy, cannot relax
Sleep disturbance, dreams or nightmares
Increased alcohol, tobacco, caffeine consumption
Changed behaviour patterns or habits: exercise, eating, recreation, sex
Slurred or confused speech
Avoidance of reminders of the incident

Mental

Poor memory, especially names
Difficulty concentrating, organising, making decisions, planning
Mental confusion, misunderstanding, uncertainty about the events or one's actions
Losing track of thoughts
Flashbacks, can't stop remembering, thinking or being reminded about the event
Uncertainty about what to do, how to respond
Keep wondering what the incident was like (if not present)
Think the organisation is to blame
Distracting self to avoid thinking or remembering events
Mental pressure, feel as though cracking up

Emotional

Excitement, inappropriate emotions or black humour
Irritable, frustrated
Anger, often at the organisation or management
Suspiciousness
Fear of recurrence
Depressed, feel 'down', sadness, tears for unexpected reasons
Guilt: I should have done more, been there
Conflicting feelings and attitudes about the incident or own role
Feeling devalued, ignored, misunderstood, especially by managers
Feeling needs not recognised
Cannot resolve it because not present
Feeling isolated, unsupported at home
Finding it difficult to let go of the incident
Continuing sadness, irritability, anger, guilt, helplessness
Dissatisfaction with own or others' performance
Mood swings, lack of feeling

Social

Excessive talking about events, or need for support
Misunderstandings and conflict in close relationships or those involved in the incident
Cannot communicate to others effectively
Loss of interest in work, feeling detached from others
Avoiding people, distrust, feeling threatened
Wanting contact and reassurance
Wondering what they think of the role I played

Existential

Disillusionment, cynicism
Loss of interest, motivation, career plan
Wondering what the point of it all is
Sense of self, the meaning of life, and values questioned and may change
Not functioning efficiently since incident
Loss of commitment to job
Decreased work satisfaction, purpose
Review of career, loss of attachment to job
Not expecting to react that way



Attachment 9: Description of Traumatic Stress

Traumatic stress needs to be differentiated from CIS since it is fundamental to CIS that debriefing and associated interventions are likely to initiate a recovery process that is essentially undertaken by the affected individual. However, there are more severe reactions that do not conform to this pattern, where spontaneous or assisted recovery does not occur and long-term, potentially disabling symptoms may occur. These reactions are traumatic stress responses. The term *trauma* derives from the Greek work meaning wound and the word has long had this meaning in physical medicine. This concept provides a useful distinction for clarifying the scope and limits of CIS and traumatic stress.

Critical incident stress is a response that occurs when the psychological apparatus has been severely stressed by an abnormally intense incident, and needs considerable assistance to recover appropriately, but where the capacity for recovery has not been affected.

Traumatic stress derives from a severe incident that has wounded or damaged the psychological apparatus and therefore impaired the capacity for unaided recovery.

To give an analogy from physical medicine, CIS can be likened to a sprain that may have a range of severity and be quite disabling if severe. However, with appropriate rest, it should recover unaided. Traumatic stress can be compared with a broken bone that needs intensive treatment to avoid healing in a distorted way that would cause continuing difficulties and probably permanent loss of function.

The implications of this distinction are that traumatic stress requires intensive and early assistance. Debriefing and associated interventions are likely to assist, but not complete, the recovery. In reality, however, there is a continuum between these two conditions and, in some cases, elements of each may be present. The important consideration is to avoid a simplistic definition of debriefing and CIS, and to carefully assess the needs of affected staff.

Post-traumatic stress disorder (PTSD) is the psychiatric diagnosis that is given if this condition persists more than a month after the incident. The criteria for it are given in the *Diagnostic and Statistical Manual of the American Psychiatric Association*, fourth edition. They are:

- A. Exposure to a traumatic event in which both of the following are present, (1) the person experienced, witnessed or was confronted with events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; (2) the person's response involved intense fear, helplessness or horror.
- B. The event is persistently re-experienced in one or more of the following ways: (1) recurrent intrusive distressing recollections; (2) recurrent distressing dreams of the event; (3) acting or feeling as though it were recurring (including illusions, hallucinations, dissociative flashback episodes); (4) intense distress as exposure internal or external cues that symbolise or resemble the trauma; (5) physiological reactivity on exposure to cues of the trauma.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness indicated by three or more of the following: (1) efforts to avoid thoughts, feelings or conversations associated with the trauma; (2) efforts to avoid activities, places or people that arouse recollections of the trauma; (3) inability to remember an important aspect of the trauma; (4) diminished interest or participation in activities; (5) feeling of detachment or estrangement; (6) restricted range of affect; (7) sense of foreshortened future.

- D. Persistent symptoms of arousal indicated by two or more of the following: (1) difficulty falling or staying asleep, (2) irritability or outbursts of anger, (3) difficulty concentrating, (4) hypervigilance, (5) exaggerated startled response.
- E. Persistence of symptoms for more than one month.
- F. There is clinically significant distress or impairment of social, occupational or other important areas of functioning.

Where these reactions occur in the four weeks following the incident, the condition is called acute stress disorder.



Attachment 10: Symptoms of Traumatic Stress

While traumatic stress responses need careful assessment and treatment, the emphasis is on CIS since it is the most common reaction. It is important that the major signs of traumatic stress are recognised. Some indications for early identification of traumatic stress reactions are given below.

Physical

Dazed, weak, collapse, persisting over-aroused and hyper-alert, exaggerated startle throughout first 24 hours
Excessive fatigue

Behavioural

Automatic, habitual activity
Disorganisation of normal routines
Inability to continue working or other duties, nightmares, sleeplessness
Avoiding reminders, thinking or acting as though it's happening again

Mental

Acute confusion, disorientation
Re-experiencing the trauma
Constantly thinking about it
Stopping thoughts about it
Inability to think about ordinary things
Mental disorganisation
Inability to remember what happened
Inability to remember normally

Emotional

Fear, anger, guilt, lack of normal feelings, extreme distress when reminded, irritability
Numbness and dissociation from the incident

Social

Withdrawal, feeling that others don't understand, feeling different, resenting others
Needing others to be available
Fearing being alone

Existential

Loss of meaning (I'm not the same person as before)
Loss of connection to past and future
Inability to accept what has happened
Changing philosophy of life
Feeling different about life and family



Attachment 11: Typical Roles/ Responsibilities of Coordinators (Staff Debriefing Model)

The CISD coordinator is responsible for the managing and developing the CISD service and the general oversight of the CISD team.

Other responsibilities include:

- Promoting the CISD service.
- Ensuring the education of managers and staff about the CISD Service, including why it exists, the way in which they can use it, their responsibilities.
- Evaluating requests for assistance.
- Arranging an appropriate response to requests.
- Creating and maintaining a team of debriefers and support workers.
- Ensuring that training opportunities are provided for team members.
- Assisting the appointed clinical director in assessing performance of the CISD service.
- Identifying budget and monitoring expenditure.
- Ensuring evaluation forms are distributed to managers at the conclusion of debriefings/defusings with appropriate coding.
- Providing support to and attending CISD reference group meetings.

The CISD coordinator is administratively accountable to the CEO of the agency and is supported by a CISD reference group. The CISD coordinator is clinically accountable to a clinical director.

The tenure of a CISD coordinator is subject to annual review.

It is advisable to appoint a deputy or backup coordinator to allow for absences and in times of high workload.



Attachment 12: Glossary

CI	Critical incident
CEO	Chief executive officer
CIS	Critical incident stress
CISD	Critical incident stress debriefing
CISM	Critical incident stress management
EAP	Employee Assistance Program
PTSD	Post traumatic stress disorder



Attachment 13: Feedback Questionnaire

Resource Guide for Critical Incident Stress and Debriefing In Human Service Agencies

Any comments or suggestions regarding the guide will be very much appreciated.

This questionnaire should be forwarded to:

Assistant Director, Human Resources

Corporate Resources Division

Department of Human Services

555 Collins Street

Melbourne 3000

email: norenar@hna.ffh.vic.gov.au

1. What did you find most useful in this guide?

2. What did you find least useful in this guide?

3. Layout: Was the guide clear and logically ordered?

4. Readability: Did the guide flow and use words that made sense?

5. Audience: Was the guide written in a way that understood and catered to your needs?

6. How could the guide be improved?

Please provide your name, contact number and organisation so that the Department can respond to your comments.

Thank you