



## Providing Debriefing and Psychological First Aid to Staff and Colleagues

There is now a significant volume of research demonstrating that access to timely and good quality supervision and debriefing after exposure to disturbing or traumatic content can greatly reduce individual service providers' emotional distress and disruptive thoughts and avoidance behaviours. Killian (2008), Bober (2005), Mathieu (2012), Miller (2017).

There are several ways to implement debriefing in a team setting:

- 1) Establishing regular small group meetings where there is time allocated to processing upsetting and/or disturbing events (see "Building Communities of Practice" below), as well as highlighting the need for additional training and expert resources.
- 2) Access to Psychological First Aid (PSA) immediately following sentinel events (see below)
- 3) The "Hot Walk and Talk" Protocol to lower stress reactions with a colleague after a disturbing or highly charged situation.
- 4) Low Impact Debriefing (LID) which educates all participants to minimize trauma re-exposure and contagion during their debriefing process.

Here are some recommended resources:

- 1) **Protocol for Building Communities of Practice**
- 2) **"Hot Walk and Talk" Protocol**

Dr. Patricia Fisher, clinical psychologist and expert in high stress, trauma-exposed workplaces is the author of two keystone books on the topic: *Building Resilient Teams* (2015) & *Resilience, Balance & Meaning Workbook: Supporting our Lives and our Work in High-Stress, Trauma-Exposed Workplaces* (2017). Dr. Fisher has developed a **Protocol for Building Communities of Practice** (attached) which is excerpted from her Building Resilient Teams Workbook. Dr. Fisher has also developed a **"Hot Walk and Talk" Protocol** which is attached.

### 3) **Low Impact Debriefing (LID) Protocol**

"Low Impact Debriefing" or "Low Impact Processing" is a strategy that was developed by Françoise Mathieu and Robin Cameron in 2008 to address the risk of emotional contagion and secondary traumatization when debriefing and/or discussing difficult traumatic details with colleagues and loved ones. In her book *The Compassion Fatigue Workbook* (2012) Compassion Fatigue Specialist and Registered Psychotherapist Françoise Mathieu outlines the **"Low Impact Debriefing"** (LID) Protocol which is now widely used among agencies to reduce contagion effect related to sharing graphic details during debriefings and case consultation. This LID protocol has



been adopted by the NCSTN and other agencies who work in Child Welfare, Children's Mental Health, Anti-Human trafficking, Child sexual exploitation (CSEC) as well as some member of the Ontario Provincial Police who are now using this protocol during death notifications as well as during staff debriefings. Four simple steps are suggested to pause and reflect on the content that each of us needs to share when discussing difficult material. This free infographic can be reprinted and used in your workplace:

<https://www.tendacademy.ca/wp-content/uploads/2019/03/Low-Impact-Debriefing-2019.pdf>

#### 4) **Psychological First Aid (PSA):**

Excerpted from the NCSTN PFA Protocol:

*“Psychological First Aid (PFA) is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Individuals affected by a disaster or traumatic incident, whether survivors, witnesses, or responders to such events, may struggle with or face new challenges following the event. PFA was developed by the National Child Traumatic Stress Network and the National Center for PTSD, with contributions from individuals involved in disaster research and response.*

*PFA is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. PFA does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (e.g., physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.*

*PFA core actions constitute the basic objectives of providing early assistance within days or weeks following an event. Providers should be flexible, and base the amount of time they spend on each core action on the survivors' specific needs and concerns. The core skills are designed to be helpful in addressing the survivors' and responders' needs and concerns. PFA is designed for delivery in diverse settings. Mental health and other disaster response workers may be called upon to provide *Psychological First Aid* in general population shelters, special needs shelters, field hospitals and medical triage areas, acute care facilities (e.g., Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings.*



## Psychological First Aid: 8 Core Actions

- 1) Contact and Engagement
- 2) Safety and Comfort
- 3) Stabilization (if needed)
- 4) Information Gathering on Current Needs and Concerns
- 5) Practical Assistance
- 6) Connection with Social Supports
- 7) Information on Coping
- 8) Linkage with Collaborative Services

The National Child Traumatic Stress Network has endorsed the importance of Psychological First aid (vs using CISM) and have a protocol on their website for PSA. See link to free PSA manual: [www.nctsn.org/content/psychological-first-aid](http://www.nctsn.org/content/psychological-first-aid)

And here is some research on the evidence:

<http://www.evidenceaid.org/the-effectiveness-of-psychological-first-aid-as-a-disaster-intervention-tool-research-analysis-of-peer-reviewed-literature-from-1990-2010/>

- 5) **NCSTN Core Supervisory practices:** The National Child Traumatic Stress Network has also developed 9 core competencies for Secondary-Trauma informed Supervisors. You will see this checklist attached. We encourage all supervisors to take the self-assessment which will assist them in highlighting the areas where they require additional training and resources in order to be able to provide STS-informed supervision to their staff:

Supervision <https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>

NCSTN Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool: <https://www.nctsn.org/print/2070>

### Sources:

Bober, T. & Regehr, C. (2005). Strategies for reducing secondary or vicarious trauma: do they work? in *Brief treatment and crisis intervention advance access*. December 30, 2005.



Fisher, P. (2015). Building resilient teams: Facilitating workplace wellness & organizational health in trauma-exposed environments.

Fisher, P. (2017) Resilience, Balance & Meaning Workbook: Supporting our Lives and our Work in High-Stress, Trauma-Exposed Workplaces

Green Cross Academy of Traumatology Standards of Self Care Guidelines:  
<http://selfcarespecialists.com/wp-content/uploads/2014/08/Green-Cross-Stand.-Self-Care.pdf>

Killian, K. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32–44.

LID infographic <https://www.tendacademy.ca/wp-content/uploads/2019/03/Low-Impact-Debriefing-2019.pdf>

Mathieu, F. (2012). The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization. Routledge.

Miller, B. & Sprang, G. (2017) A Components-Based Practice and Supervision Model for Reducing Compassion Fatigue by Affecting Clinician Experience in *Traumatology*, Vol. 23, No. 2, 153-164.

NCSTN Psychological First Aid Manual: [www.nctsn.org/content/psychological-first-aid](http://www.nctsn.org/content/psychological-first-aid)

NCSTN Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision <https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>.

NCSTN Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool: <https://www.nctsn.org/print/2070>

Rothschild, B. (2006). Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma. WW Norton & Co.