

Low Impact Debriefing: Preventing Retraumatization

Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

Karen Saakvitne and Laurie Ann Pearlman, *Trauma and the Therapist* (1995).

After a hard day...

How do you debrief when you have heard or seen hard things? Do you grab your closest colleague and tell them all the gory details? Do your workmates share graphic details of their days with you over lunch or during meetings?

When helping professionals hear and see difficult things in the course of their work, the most normal reaction in the world is to want to debrief with someone, to alleviate a little bit of the burden that they are carrying - it is a natural and important process in dealing with disturbing material. The problem is that we are often not doing it properly - we are debriefing ourselves *all over* each other, with little or no awareness of the negative impact this can have on our well-being.

Contagion

Helpers often admit that they don't always think of the secondary trauma they may be unwittingly causing the recipient of their stories. Some helpers (particularly trauma workers, police, fire and ambulance workers) tell me that sharing gory details is a "normal" part of their work and that they are desensitized to it, but the data on vicarious trauma show otherwise - we are being negatively impacted by the cumulative exposure to trauma, whether we are aware of it or not.

Two kinds of debriefing

There are two kinds of debriefing: (1) the informal debrief, which often takes place in a rather ad hoc manner, whether it be in a colleague's office at the end of a long day, in the staff lunchroom, the police cruiser or during the drive home; and (2) the formal debrief which is a more structured process, and is normally scheduled ahead of time and often referred to as peer consultation, supervision or critical incident stress debriefing.

Are you being slimed during informal debriefs?

The main problem with informal debriefs is that the listener, the recipient of the traumatic details, rarely has a choice in receiving this information. Therefore, they are being *slimed* rather than taking part in a debriefing process.

On the other hand, part of the challenge of formal debriefing or pre-booked peer supervision is the lack of immediacy. When a helper has heard something disturbing during a clinical day, they usually need to talk about it to someone there and then or at least during the same day. I used to work at an agency where peer supervision took place once a month. Given that I was working as a crisis counsellor, I almost never made use of this time for debriefing as my work was very live and immediate. A month was a lifetime for the crises I witnessed. This is one of the main reasons why helpers take part in informal debriefing instead. They grab the closest trusted colleague and unload on them.

A second problem for some of us is the lack of satisfactory supervision. Sadly, many helpers have access to little or poor quality supervision so we have nowhere to go with our stories.

Low Impact Debriefing

Almost all helpers acknowledge that they have, in the past, knowingly and unknowingly traumatized their colleagues, friends and families with stories that were probably unnecessarily graphic. Using Low Impact Debriefing can help with this: it involves four key steps: self-awareness, fair warning, consent and the debrief, also called limited disclosure.

1) Increased Self Awareness

Have you ever shocked or horrified friends or family with a work story that you thought was fairly benign or even funny? Working in this field, we rapidly become desensitized to the trauma and loss we are exposed to daily. Try and become more aware of the stories you tell and the level of detail you provide when telling a story. Ask yourself: Were all those details really necessary to the storytelling? Could you have given a "Coles notes" version and still passed on the necessary information?

2) Fair Warning

We use fair warning in everyday life: If you had to call your sister and tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down". This allows the listener to brace themselves to hear the story. Why not do the same when debriefing? If I know that you are coming to tell me a traumatic story, I will be prepared to hear this information and it will be less traumatic for me to hear.

3) Consent

Once you have warned the listener, you need to ask for consent. This can be as simple as saying: “I need to debrief something with you, is this a good time?” or “I heard something really hard today, and I could really use a debrief, could I talk to you about it?” The listener then has a chance to decline, or to qualify what they are able/ready to hear.

4) Limited Disclosure

Now that you have received consent from your colleague, you can decide how much to share. I suggest imagining that you are telling the story starting on the outer circle of the story (i.e. the least traumatic information) and slowly move in towards the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

How much detail is enough? How much is too much?

Don't assume you need to disclose all the details right away. Is sharing the graphic details necessary to the discussion? For example, when discussing a child being removed from the home, you may need to say "the child suffered severe neglect and some physical abuse at the hands of his mother" and that may be enough, or you may in certain instances need to give more detail for the purpose of the clinical discussion.

I would recommend applying this approach to all conversations you have. Ask yourself: Is this too much trauma information to share? Low Impact Debriefing is a simple and easy strategy to protect ourselves, our loved ones and co-workers from unnecessary traumatic details.

This article is adapted from an article originally posted on my blog:
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