DEBRIEFING: A METHOD OF TREATING TRAUMA

On January 17, 1994 at 4:31am, the Northridge Earthquake struck terror into the bodies and minds of thousands of people in the city and county of Los Angeles. Not everyone experienced terror, but the debriefing follow-ups revealed that most of the San Fernando Valley residents, and those of the general Los Angeles area did report feeling intense fear. It is said that a single moment of terror can cause hypervigilance up to two decades later, Janoff-Bulman (1992). This means that in the year 2014 those people might still react physiologically and emotionally to loud noises and shaking vibrations.

Further more, when the Northridge Earthquake occurred many persons experienced the shattering of a number of assumptions about the world. Dr. Janoff-Bulman, who has studied trauma and disaster for over a quarter of a century, says that most of us have at our core, three basic assumptions: The world is benevolent, the world is meaningful, and the self is worthy. Janoff-Bulman says ‘these are positively biased overgeneralizations that are not always accurate, but they provide us with a means of trusting ourselves and our environment’, ( 1992, p. 6 ). Clearly, these assumptions were shattered and we needed a way to help the children, parents and staff of the Los Angeles Unified School District.

It has long been acknowledged that people who suffer a disaster can be helped by talking about their experience and changes in their values, realizing that others have had a similar experience, and having their thoughts and feelings accepted even when they are excessive or even inappropriate. Such group work facilitates recovery, Davis & Janosik, (1991) p. 480.

On January 24, 1994, Marleen Wong, Director of Mental Health Services for the Los Angeles Unified School District, called a meeting to plan for preparing the support services staff, (school counselors, nurses, psychologists, pupil services and attendance counselors, and social workers and child psychiatrists) to provide emotional care, including prevention of Post Traumatic Stress Disorder, for the students, parents and staff of LAUSD. Those attending were Dr. Robert Pynoos, Director of Trauma Psychiatry at UCLA, Risa Palley Flynn from the Los
Angeles County Department of Mental Health, Roberta Bernstein and Lillian Utsumi from the Los Angeles Unified School District’s Quality Educational Design Collaborative (QED-C), and Nancy Sanford from LAUSD School Mental Health Services. It was determined that a three hour session would be held on February 5, 1994 at the Los Angeles Times Building Auditorium for district support services staff. It was decided to provide a debriefing session, based on Critical Incident Stress Debriefing, led by Nancy Sanford and a theoretical component to be given by Dr. Robert Pynoos.

Critical Incident Stress Debriefing (CISD) was developed by Jeffrey T. Mitchell, Ph.D. It is a group psychological debriefing intervention used following critical incidents or disasters to prevent or mitigate traumatic stress. CISD is a component of Critical Incident Stress Management. It is particularly effective in helping people talk about a given critical incident or disaster in such a way that it both relieves stress and helps them recover. It helps them make sense out of what has happened to them and it provides a sense of cohesiveness with others who have had the same or similar experience.

The exact procedure for formal CISD is given in *Critical Incident Stress Debriefing*, an operations manual by Mitchell and Everly (1993). Only mental health professionals specifically trained in this model should do Critical Incident Stress Debriefing. Training program information is available from the International Critical Incident Stress Foundation, Inc. Call (410) 730-4311.

It was obvious that because our goal was to prepare 450 people to provide services immediately, formal CISD could not be provided. Therefore it was determined to go with an adaptation, later called the *Sanford Model of debriefing*. With this adaptation it was possible to both debrief the participants and teach them how to use the modified technique in their work in the schools.

The session, moderated by Roberta Bernstein, began with introductory comments by Marleen Wong, and other Los Angeles Unified School District administrators. Dr. Andrew Wang, a child psychiatrist from Mental Health Services, followed with remarks on confidentiality and the professional role in providing care following a disaster.
At this time the participants were asked to break into groups of eight people and form a circle. Nancy Sanford then directed the group with a microphone from the stage of the auditorium. She explained that debriefing is not psychotherapy, is not a substitute for psychotherapy, will not cure old problems, will not cure organizational problems, and will not complete all of the work that might be necessary for a person following a critical incident or disaster. In facilitating the large group debriefing, Sanford told anecdotes between each phase and used a light, albeit serious approach to keep the group unified and focused on the target.

Considerable attention was given to helping the participants understand that in the face of disaster people often feel ashamed of their actions or lack of action. Dr. Mitchell took this into consideration in developing CISD and structured it so that each person could speak without fear of challenge, confrontation, or ridicule. The debriefer told of having been the school nurse at a high school when a student was accidentally shot and killed during a class. She was at the scene in less than two minutes and determined after assessment that the student was dead having suffered a bullet shot to the heart. When others came to the scene they asked, ‘Did you do CPR?’ Even though the question was well meant, it made her feel momentary shame and guilt although CPR would not have been effective or appropriate. Other school nurses who had experienced similar situations reported the same feelings.

It has been found that if all debriefing participants express themselves one at a time without group interaction, they feel the support of the group non-verbally and are able to move beyond the shame and doubt issues. Therefore, the debriefer asked the participants to respond one at a time to each question asked and refrain from making any comments until their turn. This was very difficult for the participants. They were accustomed to being interactive therapists and wished to solicit more material, ask questions, give comfort, etc. Nevertheless, they became more comfortable in silence as the debriefing session continued. Each person was requested to give his or her full attention to who ever was speaking. In order for everyone to have an opportunity to participate, each group was asked to select a timer who would limit each person to one minute per question. Although one minute is a brief time, in this one and the many debriefings that followed, very few comments were made about the time.
The first question was the FACT phase. Each participant was asked to answer, one at a time, ‘What was your experience of the earthquake?’ This allowed each one to establish the foundation of their reaction. Answers varied from being fearful of dying to having been out of state at the time and only hearing about it from the media. This question is similar to asking, ‘What were you doing when you heard that President Kennedy had been shot?’

Next was the THOUGHT phase and the question asked was ‘After you went off automatic pilot, what was your worst thought or most powerful thought?’ Most people spoke of the fear of dying and fear for their families and friends. Some told of severe fear when they could not contact loved ones. Some staff who were out of town or state spoke of thinking that they should have been home so they could have gone to work and helped others.

The fourth phase is REACTION and the question was, ‘When you think about the earthquake, how do you feel?’ Many people spoke of feeling grateful to be alive; grateful their homes were spared, grateful to have narrowly escaped injury.

The SYMPTOM phase was introduced by the question, ‘How are you right now?’ Because this was only 19 days after the earthquake and many aftershocks were still occurring, most participants expressed symptoms of hypervigilence.

In order to assess what problems people were having and where our teaching efforts should be directed, an additional ASSESSMENT type question was asked, ‘What would help you right now?’ Responses varied tremendously secondary to the depth of loss and damage experienced from the earthquake. Those participants who were parents were vitally concerned with the needs of their children. Before introducing this question Sanford told that immediately following the earthquake she was in a state of shock and totally forgot her pre-earthquake plan. In such an emergency her intention was to grab her first-aid backpack and make rounds in the mobile home park where she lived, to treat for injuries as necessary. Instead of doing that she was totally focused on a potential need to evacuate because of a fire risk. When that risk was over she remembered the first aid and started her rounds. She had visions that people would need first aid or emotional care. Instead a neighbor called out, ‘Nancy, would you please walk my
As it turned out, that is what he needed, and it is what the woman needed to reduce her stress. The question ‘What would help you right now?’ is so important because we do not always make a correct inference given our different frames of reference.

As a lead in to the TEACHING phase, the debriefer held up a crystal pitcher and demonstrated that we pour out of ourselves all day, to students, parents, teachers, staff and then go home and pour out to families, pets, plants, neighbors, and community members. By the end of the day our pitcher is empty. It is crucial that each person do something each day that refills the pitcher so that we can again give of ourselves the following days. It is difficult to nourish one’s self following a disaster because of the state of shock and also the many demands upon us. At the same time, it is of vital importance to do so.

Following a break, Dr. Robert Pynoos presented information about what to expect from children, parents and staff following a major disaster. He gave examples of normal reactions people have following a disaster. The purpose was to educate, to normalize the experience and give strategies for coping. This was the TEACHING phase. In the RE-ENTRY phase Dr. Pynoos answered questions and offered reassurance that people can and do recover from major disasters.

At the end the organizers of the session were stationed to observe for participants who might need additional assistance. It is important to remember that crises bring back memories of previous trauma, and normal functioning individuals who have experienced recent losses may require professional support and assistance. That did not happen to be necessary on that day and rarely in consequent debriefings. However, provision must always be made for additional assistance if it is needed.

The session ended with participants feeling very appreciative of the opportunity to debrief. They also felt ready to go into the schools and assist students, parents and staff in facing the aftermath of a very profound disaster.

Shortly after the Northridge Earthquake, Marleen Wong wrote a grant for disaster recovery funded by FEMA. In conjunction with the County of Los Angeles, Project Rebound Disaster Recovery and Crisis Counseling Program served a total of 125,000 children and 28,500
adults. A significant part of this project in the LAUSD was to provide debriefings with a theoretical component, to students, parents and staff.

Beginning in February of 1994, 3,000 LAUSD employees attended similar debriefing sessions. One change was made in the small groups. Some mental health professionals attending the 2/5/94 session, serving as facilitators and timekeepers in the small groups, found difficulty in playing a silent role in the group situation. Because of their title, they felt a need to verbalize therapeutic interventions, which has no place in the debriefing technique. It was also a role of the small group facilitators to assess the participants to determine if there were those who needed additional professional care. Professional staff was at the exit doors as well, to provide assistance to those who appeared distressed. It did not prove to be needed.

The evaluations submitted by the employees, who represented teachers, administrators, support services staff, clerical staff, bus drivers, etc., following these debriefings were essentially all positive. The following are some examples of the evaluation responses:

‘This felt very caring and I needed it. Thanks for knowing that some of us are hurting.’
‘I found it interesting to share experiences--we did not do this at our school. The administration keeps trying to tell us we’re O.K. but we know better.’
‘I feel better now, by sharing my feelings with others. I also now recognize that I’m O.K.’
‘I felt I got a chance to release a little anxiety that is still inside of me.’
‘It was time well spent. I have a better understanding of my feelings and emotions and my children’s feelings as well.’
‘It was the first time to nurture myself after the earthquake! That was very valuable, it helped me get in touch with my feelings and will help me deal with my student’s feelings.’
‘It was nice to see the school district, our union, and government working together to help out the employees.’
‘This session was a support for me, being that I am a very private person and don’t talk about my innermost fears. I was able to let my guard down and realize that many others share the same thoughts and fears.’
‘I hadn’t been able to recall the horror of the time the earthquake happened. Today I was able to do so. I think this is going to help me recover.’
‘The debriefing session made me realize that the way I feel, think and reacted after the earthquake was normal. The program gave me some comfort and relief in dealing with the traumatic experience of the earthquake.’
‘I did not come with the attitude of gaining anything from this, but to my surprise, I feel I’ve gained a lot. It’s a great feeling to know I’m not alone in feeling helpless and paranoid.’
‘The group interaction and sharing helped to provide, for me, some insight into my reactions and the reactions of my family, friends and children.’
'I would encourage others to come and hear this program. It was more than I expected. It helped me recognize that we all need to talk about this experience for a long time to come.'

'This session was probably the most important Saturday of my life. I learned much. What a catharsis.'

'I did not want to be here—was negative—was angry—felt I would not benefit anything from this class—was told GO! Made myself be here. Thank you. Thank you. Thank you!!! I talked, I cried, hugged. I was there for everyone else. Strong for everyone else. This time you were there for me which I have denied myself. I was one of the blessed ones and I didn’t need—others needed—not me. OH YES I DO—thank you!'

Concurrently to these sessions, two debriefings were held for principals. These debriefings served to assist the principals with their own reactions (many had serious damage to their homes and their schools) and to let them know of the services that could be offered to their staff, students and families through Project Rebound.

**STUDENT REACTIONS IN DEBRIEFS**

Many schools, particularly elementary, requested debriefings. Sometimes debriefing was done for an entire classroom, other times it was for selected students of similar grade, who were experiencing more stress than others. Principals requested that when at all possible the debriefing sessions would be conducted in one class period, approximately 45 minutes of available time. The debriefer had to make a professional decision each time, as to format. In general, the class was asked to form a circle and respond to each fact, thought, reaction and assessment question, one at a time. Most of the answers were brief, if a student took too much time and others were becoming restless, the debriefer moved the process along. Sanford conducted over 50 of these sessions and found that students were very attentive to the responses of other students and were remarkably willing to participate in the debriefing. When time was short the assessment question was deleted. It was clear from their other answers what the immediate teaching needs were. At the end of the session a brief mini lecture was given focusing on appropriate theoretical content followed by questions and answers. Although there were questions and answers the students were consistently satisfied by hearing that others felt much the way they did, and had experienced similar situations.

In relation to the FACT question, ‘What was your experience of the earthquake?’ they wanted to tell how at first they did not know what was happening to them. Younger students felt that their big brother was shaking their bed, some thought a train was coming through their home. When students were slow to respond to the question it was nearly always because they had difficulty saying that a parent or parents were not available to them at that very scary time. Those students from single parent homes consistently mentioned that they wanted and needed
the absent parent. Older students spoke of how they helped others get out of bed and leave the home, many told of helping neighbors.

When answering the THOUGHT question, “What was your worst thought”, nearly all students told of thinking they might die or someone in their family might die. Many told of how they just missed being struck by a falling t.v. or bookcase. A number told of how just by chance they moved to another area to sleep or were sleeping over with a friend and thus avoided a sure accident from falling furniture or broken glass.

Although there are no reports that any child suffered injury from a bunk bed accident, students were very frightened by being in a bunk bed. Those children who were trapped by furniture or a stuck door, who had to wait a period of time for an adult to come to them, were far more intense in their answers than other students. Students who were trapped were more at risk for Post Traumatic Stress Disorder. Pynoos (1994). Many students remarked on how scary it was to not be able to see because of the darkness.

In answering the REACTION question, ‘When you think about the earthquake, what are your feelings?’ students consistently described their fears of ‘The Big One still to come’. Many described feeling unprepared. They had many feelings of fear because of the aftershocks. In the first few months following the earthquake there were thousands of aftershocks although only a portion of them were consciously felt.

When the assessment question ‘How are you now?’ or ‘What would help you right now?’ the most common responses were regarding being prepared, and having parents immediately available to them. Many spoke of needing to sleep with their parents. In an opportunity high school session during the teaching phase the debriefer asked if anyone had difficulty getting out of their home, after anxious laughter a student said, ‘Miss, some of us don’t have homes, we were sleeping in the park.’ This highlighted the presence of a great variety of needs.

All students, from kindergarten through adult school responded well to the sessions. There were two difficult situations reported by Sanford. When a total classroom was debriefed and the teacher did not really feel it was necessary or important, that teacher did not assist in
maintaining the order of the class and that caused the session to take longer. That perhaps, was more distracting to the debriefer than to the students. The second problem was when a group of selected students was to be debriefed and they were all boys with a leader who indicated he did not have any fear and thus the session was needless for him. This took more time because the debriefer had to create an environment in which this child could feel safe in describing his fear. A technique that proved quite effective was to say at the beginning, "I heard of a boy who was so scared he pooped in his pants, has anyone here been scared?" They laughed and then responded well. Once that hurdle was overcome, the group moved easily and successfully.

These debriefing sessions were held in schools and neighborhoods that suffered profound damage and those that did not. In all cases, however, it was extremely rare for a student to say he or she did not feel fear. It was also extremely rare for a student not to have apprehension about ‘The Big One still to come.’

**PARENT REACTIONS TO DEBRIEFINGS**

Debriefings held for parents were at the school and they were held mornings, afternoons and evenings. Attendance was usually poor; most groups were 15 to 20 people for schools with well over 300 students. Spanish translators were used when appropriate.

In relation to the FACT question parents most intensely described how they had an urgent need to go to their children and take them outside. Parents who were prevented from doing this by furniture obstructions or jammed doors were very distressed. Parents who were not at home or whose children were at another home were particularly upset at the time. One mother said she ran 16 blocks to be with her child. In answering the THOUGHT question, they most frequently reported their concern for family safety and the condition of their home. The REACTION question revealed their concerns about another “Big One”, the need to be near to their children, and their shame when, for some reason they did not get to their child right away. One mother said she ran out of the home and sat down on the porch and wept, unmindful of her family. Another said that her husband was so scared that he grabbed her and held her so that she could not go to her children. It was the observation of the debriefer that parents with young
children had the most stress, of all the thousands of people of various ages who were debriefed. The ASSESSMENT question generally focused on sleep problems. At first many parents wanted their children to sleep with them, but as the months went on the parents were very concerned about the children continuing to want to sleep with them. The teaching period was usually effective in helping them resolve this problem. Concerns about money, getting FEMA assistance, and coping with damage were a common theme as well. At one session at a school near the epicenter, when the debriefer brought out the crystal pitcher for a demonstration, the parents in spontaneous unison said, "You have something unbroken?" Parent groups revealed a range of problems with losses of houses and businesses costing into the millions to those who became homeless and without any resources.

**STAFF REACTIONS TO DEBRIEFINGS**

Many principals asked for faculty debriefings. These were held at faculty meeting times and the time was generally limited to one hour and twenty minutes. The group size was usually about 30 and attendance was required via school policy. There were many that wanted to be there and always some that did not. Most principals were very supportive of the session but some appeared to be doing it as a “have to” rather than a “want to” activity. At first the debriefer used the small group model but if a small group included a teacher who did not approve of the session, it was easy to sabotage the time, especially if that teacher was a leader. Consequently, as the months progressed and more experience was gained, the faculty groups were usually done as a large group and without keeping time. These groups were very successful as determined by written evaluations and the observation of the debriefer, given the time allotted.

Faculty reactions were quite similar to parents with the following additions. Faculty was more apt to discuss intellectual aspects of the earthquake and wanted to discuss probabilities of a ‘Big One occurring.’ They discussed their concerns for school building safety and how they could prepare for future earthquakes. They expressed concern as to how they would react if faced with needing to be on duty and at the same time wanting to go to their children at the time of a major
disaster. They often discussed the need to ask for more support from the school district in having the time they needed to get repairs for their homes. In general they seemed to feel prepared to assist their students but wanted to have resources for the children with more severe problems related to the earthquake. Some teachers spoke of experiencing the earthquake alone and every time this happened others offered to be supportive to them in the future, i.e. setting up a telephone network. Even though some teachers did not think the debriefing was necessary (expressing the feeling that we should move on and not dwell on what had already happened), nearly everyone expressed having felt very frightened and one man said, ‘I wanted my mother, and I’m 50 years old.’ One might expect that this would have brought laughter but instead most people nodded their heads in agreement.

CONCLUSION

Following the Northridge Earthquake there were some school personnel, both administrative and certificated, who felt that it would be better not to discuss the disaster after the first few weeks. Their rationale was that talking about it did not allow people to heal up, recover and move on. In response to that, please consider a disaster that happened Thursday, July 15, 1976 in Chowchilla, California. It was the next to last day of summer school. Twenty-six children were on the Dairyland bus when it slowed down as it approached a broken down looking van on the narrow country road. A masked gunman jumped out of the van and into the bus and another man with a stocking over his face leaped into the bus too. One of these men began driving the bus and a third man drove the van in back of them. The children and bus driver were divided into two vans a short time later and the bus was abandoned. The children were jammed into the buses so tightly that they could hardly move and they rode for eleven hours without food, water or a bathroom break. Eventually they were herded into what later they realized was a buried semi-trailer. Stale food and water was available and there were two primitive bathrooms and some old mattresses. Some students had flashlights. They had no way of knowing when or if they would be rescued or released. They had no idea of how long they
should make their food and water last. They were remarkably brave and older students helped younger ones. There was some crying but no hysterics. Eventually they were able to dig their way out after having been buried alive for 17 to 18 hours. Terr, (1990), pp 13-22.

Five months later Dr. Lenore Terr was informally invited to come to Chowchilla and meet with the children. This began her research regarding responses to this traumatic event, which is described in *Too Scared to Cry.* (Terr, 1990) She discovered that a local child psychiatrist had met with the parents in August of 1976 and told them that he predicted only one child in twenty-six would be adversely affected. This apparently had a profound affect because Dr. Terr found out that none of the children received any substantial therapy (and most none at all) related to the profound trauma that they all experienced. Dr. Terr found that every child had been affected at the one and four to five year marks. Interestingly, this did not show up in their school performance and probably that prevented school personnel from requesting therapy for the students. Later on Terr found that a change in personality was the most obvious symptom of distress and a forerunner of very difficult years to come (1990, pp. 22-24).

In addition Terr stated, “Defenses go up very fast after trauma strikes. People do not wish to think of themselves as abnormal, hurt, or changed. Parents discover that their children’s grades, for the most part, are holding steady. They find quickly, too, that their friends and relatives do not want to “drag it all up again.” Families that were “normal” before a trauma do not wish to see themselves as changed afterward. It’s not fair, they feel. And they are right--it’s not fair. It does not seem right to put a “normal” child into treatment, parents often conclude. But this is probably quite wrong. Children’s lives, ‘normal’ or ‘abnormal' may organize around a trauma (p. 290).

Terr states that putting off treatment for trauma is about the worst thing you can do. Trauma does not ordinarily get “better” by itself (p. 293). Many treatment methods are useful. “Group efforts, if led by a knowledgeable, well-trained, mental-health professionals, can afford quick and early relief for trauma. One may conduct a couple of two or three-hour sessions in the immediate wake of a traumatic event, and that may be enough treatment for a significant number
of those who were involved in the disaster.’ (p. 296) Debriefing provides just this type of immediate group treatment.

Following the World Trade Center bombing disaster in New York City, a nurse who was involved in treatment said, ‘Talking about the traumatic incident, about the fear and the angst involved, is the basis of the healing process. Talking is a cathartic process that helps people get better sooner. When people share the bad situation with other human beings, that’s where the magic is, that’s therapy. That is what heals the unseen wounds.’ Steefel, (1993).

It is our experience that debriefing offers a powerful and effective way to help people of all ages recover from trauma and disaster.

BIBLIOGRAPHY


